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ABSTRACT

The Family to Family initiative has encouraged states to reconceptualize, redesign, and reconstruct their foster care systems. By 1996, the initiative was being implemented in five states and six counties in two additional states. Drawing on the experiences of Family to Family participants, a framework for child welfare leaders working to reduce the number of children in foster care over 18 months has been developed. This report provides information on a number of innovative permanency planning programs that include programs specializing in: (1) concurrent planning; (2) substance abuse treatment; (3) family conferences; (4) kinship care; (5) foster and adoptive parent recruitment; (6) subsidized guardianship; and (7) the legal process. The report contains an overview of the main components of each program with contact information. There are 26 program profiles. (SLD)

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Family to Family

TOOLS FOR Rebuilding Foster Care

Innovative Programs

PART TWO

SHORTENING CHILDREN'S STAYS IN TEMPORARY CARE

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UD033482

Family TO Family

TOOLS FOR Rebuilding Foster Care

Innovative Programs

SHORTENING CHILDREN'S STAYS IN TEMPORARY CARE, PART TWO

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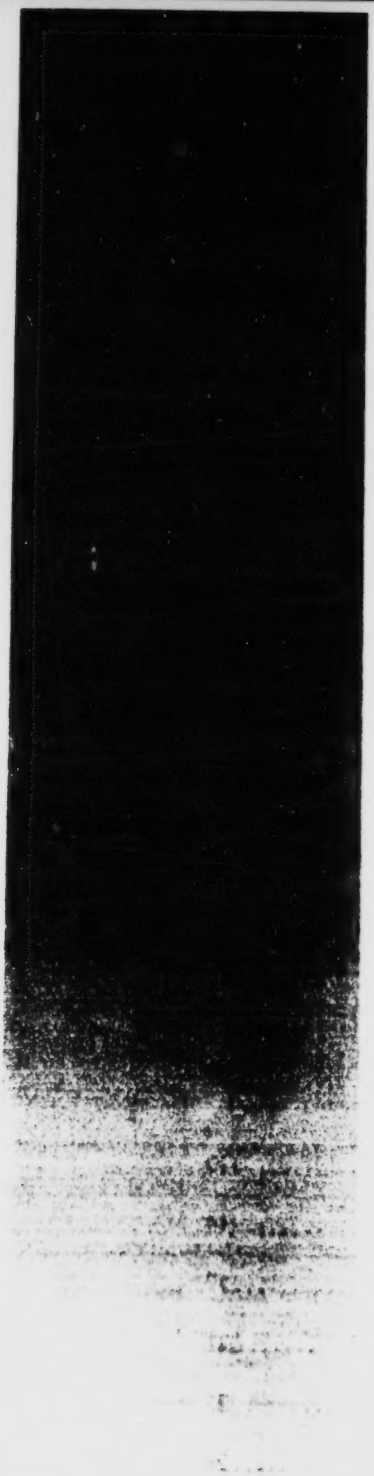

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ACKNOWLEDGMENTS

This work was made possible by the Annie E. Casey Foundation as part of its ***Family to Family*** Initiative. We want to recognize the many individuals who generously gave their time to help us identify innovative programs and collect the information necessary to complete *Shortening Children's Stays in Temporary Care*. Most importantly, we want to thank all the program contacts for taking time out of their very busy schedules to share information about the innovative features of their work. Our research also benefited from knowledgeable individuals at national resources centers, such as Gary Anderson, previously at the Resource Center for Permanency Planning, Drenda Lakin from the Resource Center for Special Needs Adoption, and Amy Price at the ARCH National Resource Center for Respite and Crisis Care Resources, and many other child welfare practitioners, researchers, advocates, and funders. Finally, special thanks to NACAC staff – Kate Welty, Mary Boo, Charlotte Vick, and Joe Kroll – who worked diligently to collect information and draft these profiles.

Family to Family publications designed by Sharon Musikar

INTRODUCTION

The Annie E. Casey Foundation's Mission in Child Welfare

The Annie E. Casey Foundation was established in 1948 by Jim Casey, a founder of United Parcel Service, and his sister and brothers, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human service reforms, and community supports that better meet the needs of vulnerable families.

The Foundation's work in child welfare is grounded in two fundamental convictions. First, there is no substitute for strong families to ensure that children grow up to be capable adults. Second, the ability of families to raise children is often inextricably linked to conditions in their communities.

The Foundation's goal in child welfare is to help neighborhoods build effective responses to families and children at risk of abuse or neglect. The Foundation believes that these community-centered responses can better protect children, support families, and strengthen communities.

Helping distressed neighborhoods become environments that foster strong, capable families is a complex challenge that will require transformation in many areas. Family foster care, the mainstay of all public child welfare systems, is in critical need of such transformation.

The *Family to Family* Initiative

With changes in policy, in the use of resources, and in program implementation, family foster care can respond to children's need for out-of-home placement and be a less expensive and often more appropriate choice than institutions or other group settings.

This reform by itself can yield important benefits for families and children, although it is only one part of a larger effort to address the overall well-being of children and families in need of child protective services.

Family to Family was designed in 1992 in consultation with national experts in child welfare. In keeping with the Annie E. Casey Foundation's guiding principles, the framework for the initiative is grounded in the belief that family foster care must take a more family-centered approach that is: (1) tailored to the individual needs of children and their families, (2) rooted in the child's community or neighborhood, (3) sensitive to cultural differences, and (4) able to serve many of the children now placed in group homes and institutions.

The Foundation's goal in child welfare is to help neighborhoods build effective responses to families and children at risk of abuse or neglect.

The ***Family to Family*** Initiative has encouraged states to reconceptualize, redesign, and reconstruct their foster care system to achieve the following new system-wide goals:

- ❒ To develop a network of family foster care that is more neighborhood-based, culturally sensitive, and located primarily in the communities where the children live;
- ❒ To assure that scarce family foster home resources are provided to all those children (and only to those children) who in fact must be removed from their homes;
- ❒ To reduce reliance on institutional or congregate care (in hospitals, psychiatric centers, correctional facilities, residential treatment programs, and group homes) by meeting the needs of many more of the children in those settings through family foster care;
- ❒ To increase the number and quality of foster families to meet projected needs;
- ❒ To reunite children with their families as soon as that can safely be accomplished, based on the family's and children's needs, not the system's time frames;
- ❒ To reduce the lengths of children's stay in out-of-home care; and
- ❒ To decrease the overall number of children coming into out-of-home care.

With these goals in mind, the Foundation selected and funded three states (Alabama, New Mexico, and Ohio) and five Georgia counties in August 1993, and two additional states (Maryland and Pennsylvania) in February 1994. Los Angeles County was awarded a planning grant in August 1996. States and counties funded through this Initiative were asked to develop family-centered, neighborhood-based family foster care systems within one or more local areas.

Communities targeted for the initiative were to be those with a history of placing large numbers of children out of their homes. The sites would then become the first phase of implementation of the newly conceptualized family foster care system throughout the state.

The Tools of *Family to Family*

All of us involved in ***Family to Family*** quickly became aware that new paradigms, policies, and organizational structures were not enough to both make and sustain substantive change in the way society protects children and supports families. New ways of actually doing the work needed to be put in place in the real world. During 1996, therefore, the Foundation and ***Family to Family*** grantees together developed a set of tools that we believe will help others build a neighborhood-based family foster care system. In our minds, such tools are indispensable elements of real change in child welfare.

The tools of ***Family to Family*** include the following:

- ❒ Ways to recruit, train, and support foster families;
- ❒ A decisionmaking model for placement in child protection;
- ❒ A model to recruit and support relative caregivers;
- ❒ New information system approaches and analytic methods;
- ❒ A self-evaluation model;
- ❒ Ways to build partnerships between public child welfare agencies and the communities they serve;
- ❒ New approaches to substance abuse treatment in a public child welfare setting;
- ❒ A model to confront burnout and build resilience among child protection staff;
- ❒ Communications planning in a public child protection environment;
- ❒ A model for partnerships between public and private agencies;
- ❒ Ways to link the world of child welfare agencies and correctional systems to support family resilience; and
- ❒ Proven models that move children home or to other permanent families.

New ways of actually doing the work needed to be put in place in the real world.

We hope that child welfare leaders and practitioners find one or more of these tools of use. We offer them with great respect to those who often receive few rewards for doing this most difficult work.

OVERVIEW

In November of 1996, the North American Council on Adoptable Children published *A Framework for Foster Care Reform: Policy and Practice to Shorten Children's Stays* to guide child welfare practitioners grappling with foster care system reform. *Shortening Children's Stays in Temporary Care* is designed to accompany that report, providing more detailed information on a number of innovative permanency planning programs highlighted in the report, as well as several others identified through our research. Programs specializing in the following areas are included: concurrent planning, substance abuse treatment, family conferences, kinship care, foster and adoptive parent recruitment, subsidized guardianship, and legal process. In the fall of 1995, the Annie E. Casey Foundation began working with NACAC to explore ways to prevent long stays in foster care and to provide viable permanency options for children who could not return to their birth parents. To assist states and communities participating in ***Family to Family***, NACAC developed a practical framework, exploring barriers to permanence and recommending changes at three levels – public policy, program management, and program operations. In addition, we identified a number of innovative permanency planning practices to inform the work of ***Family to Family*** sites and others looking for new solutions to old struggles. NACAC staff gathered information for the report and this companion publication in several ways. We began by convening focus groups composed of key experts from ***Family to Family*** sites, child welfare researchers, practitioners from public and private agencies, and parents with first-hand experience dealing with child welfare systems. Our groups included people from different professions, diverse racial and cultural backgrounds, and various geographic areas. Participants addressed three key questions: (1) What are the characteristics of children in foster care over 18 months and of their families? (2) What system barriers have contributed to the backlog of children in the foster care system? and (3) What system practices have been effective in moving children from foster care into permanent families?

Staff also conducted research to identify critical studies in child welfare and permanency planning and to collect statistical data. By reviewing child welfare and legal journals, searching the Internet, and talking with key contacts, we gathered the most up-to-date findings and data on the characteristics of children in care, system issues, and recommended practices.

As this publication is designed to give an overview of each program's main components, those interested in learning more about a particular process are encouraged to contact the program directly. Far from an exhaustive list of innovative programs, this collection simply represents some of the best permanency planning work we have identified to date. Some of these programs are very new and thus have not yet been formally evaluated. Furthermore, we cannot emphasize enough that there is no one solution to the struggles faced by child welfare systems. Any new program, no matter how promising, must be considered within the context of the entire child welfare system. Only through a comprehensive approach to system change will agencies improve the lives of children and families in their care.

For more information or to request a copy of A Framework for Foster Care Reform: Policy and Practice to Shorten Children's Stays, *contact the North American Council on Adoptable Children, 970 Raymond Avenue, Suite 106, St. Paul, MN 55114-1149, 651.644.3036, fax 651.644.9848, e-mail NACAC@aol.com.*

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ABA Center on Children and the Law/ New York Department of Social Services Termination Barriers Project

Contact:
Anne Marie Lancour, Esq., Project Director – ABA Center on Children and the Law

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Phone/Fax:
202.662.1756 / 202.662.1755

Annual Budget:
$200,000

Structure:
County

Dates of Operation:
June 1988 – May 1991

Overview:
This pilot project was designed to streamline termination of parental rights cases, freeing children for adoptive placement more quickly. Based on the success of the pilot, the project has been implemented in a number of New York counties.

Philosophy and Goals

The ability to obtain speedy results is a critical measure of success in termination of parental rights (TPR) proceedings. TPR is designed to prepare children for adoption by legally freeing them when they will not be returning to their birth families. Lengthy termination proceedings create significant stress for children and parents in the child welfare system.

The goal of the Termination Barriers Project was to lower stress on children and to shorten their stays in care by reducing the barriers to TPR.

History and Origins

In the late 1980s, New York was experiencing significant delays in termination cases. Children spent an average of 2.7 years in care, and 70 percent of children had been in care for more than a year. Only 13 percent of the children in care had a goal of "free for adoption." Of these, 30 percent took longer than one year from the time the goal was set until termination occurred.

In a March 1986 report, the New York Task Force on Permanency Planning for Children in Foster Care identified delays in adoption and termination procedures as a significant cause of foster care drift. The report cited delays at every step in the process, often due to poor coordination or communication between various parts of the child welfare and legal systems.

The report identified several specific obstacles:

- ❒ Caseworker delays in referring terminations to their legal departments
- ❒ Attorney delays in returning cases back to caseworkers for further documentation

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- ❒ Inadequately drawn petitions
- ❒ Excessive delays in scheduling cases
- ❒ Inconsistent standards of diligence for search and notice of missing parents
- ❒ Repeated adjournments
- ❒ Average delays of five months for appeals

In an effort to address similar obstacles across the country, in 1988 the U.S. Department of Health and Human Services requested proposals for state-sponsored projects that would study and reduce delays in termination actions. New York was one of four states chosen to create a model program. The New York State Department of Social Services then contracted with the American Bar Association (ABA) Center on Children and the Law to direct the project in two New York counties.

Due to the success of the initial pilot project, the Department of Social Services and the ABA have replicated the project in additional New York counties. They have completed work in a total of six counties and are currently operating in five counties.

Participants

The target population of the pilot was children in foster care who could not be reunited with their birth parents and who were in care in Onondaga County (primarily urban, includes Syracuse) and Chemung County (primarily rural).

Community Involvement

To ensure that all the key participants in the termination process were involved, the project's advisory board consisted of representatives from the state and local departments of social services, the family court officers, and the county attorney, as well as law guardians, parents' attorneys, foster parents, child advocacy groups, CASA representatives, and other interested parties. The board met every two months to review progress, develop and comment on reform proposals, and evaluate and respond to instituted changes.

In addition, attorneys from the family court and county agencies were actively involved throughout the project.

Cultural Competence

Approximately 6 to 8 percent of the children in foster care in the two counties were Native American. Project participants followed the legal mandates of the Indian Child Welfare Act when considering termination of parental rights cases for Native American children.

Administration

The Termination Barriers Project was directed by the ABA Center on Children and the Law in cooperation with the New York State Department of Social Services, and the Onondaga and Chemung County Departments of Social Services. The ABA directed the program, while the county social service departments worked closely with courts, attorneys, and other caseworkers to analyze the process and implement reforms.

The ongoing efforts that have extended into other New York counties continue to be directed by the ABA in cooperation with the county departments of social services.

Staff

Pilot project staff included:

- ❒ project director (the state training director of ABA Center on Children and the Law)
- ❒ permanency planning specialists (one from each county)

The program continues to be directed by a staff member of the ABA, who works with a permanency planning specialist from each of the participating counties.

Features

The Termination Barriers Project focused on six major tasks:

- ❒ Identify and analyze the causes of delays
- ❒ Develop policy recommendations
- ❒ Establish written protocols, procedures, and timetables

- ❒ Implement the reforms outlined in these agreements
- ❒ Monitor the impact of implemented changes
- ❒ Disseminate project results throughout the state

To accurately identify the causes of delays in the termination process, the ABA consultant and the project staff member in each county analyzed foster care records. From the case reviews, staff identified steps through which each case must pass and the key actors in each step. By constructing a flow chart of the entire process, staff were able to document the amount of time each case takes from step to step, pinpointing areas of delay. In consultation with the advisory board, staff determined how the specific problem identified in each county could be resolved.

The county permanency planning specialist was responsible for implementing the board and staff policy recommendations. Each specialist established a review panel, reviewed cases, distributed new forms and procedures, answered questions, prepared TPR cases, attended hearings, and collected feedback.

Staff from the two counties developed caseworker-attorney protocols, termination checklists, diligent efforts formats, and missing parent checklists. A written protocol, dividing responsibilities for case preparation and setting time limits for each step, clarified attorney and caseworker tasks. Termination checklists, which summarized New York's legal requirements for termination, helped caseworkers organize a case and prepare the petition. In addition, a diligent efforts format allowed the agency to determine whether efforts had been sufficient to meet New York's requirements and to document those efforts for effective presentation in court. An additional checklist was developed to clarify and standardize the procedure for missing parents.

The project also addressed a number of court issues. Modified procedures clarified disposition orders, set strict timelines for decision making, simplified termination litigation, and clarified New York law for participants.

Funding

The two-year project was funded by a $200,000 grant from the U.S. Department of Health and Human Services. The counties contributed a match of office space and staff time. The ongoing efforts are funded by a $225,000 grant from the New York State Department of Social Services.

Outcomes/Evaluation

To measure outcomes, the ABA consultant and the county permanency planning specialists monitored the progress of a selected group of cases in each county during the project's second year. The counties found a measurable reduction in the length of time it took to achieve TPR – from identification of the goal of TPR to the time the child was actually freed for adoption.

At the Onondaga County Department of Social Services, the backlog of cases for termination filing had been eliminated by the second year. In the two years before implementation of the Termination Barriers Project, Onondaga County had filed only 25 TPR petitions, compared to 137 during the project period.

The Onondaga County evaluation also looked at the length of time a child spent in placement before termination of parental rights occurred. Before the project, the average time from placement to termination was 4.6 years; during the project, the average dropped to 3.2 years. Foster children who should be freed for adoption were also identified sooner. During the project, children spent an average of 30 months in care before their goal was changed to adoption, compared to 36 months before the project.

The process for filing termination petitions in Onondaga County was also streamlined. When the project began, it took an average of 6.5 months from the time a caseworker referred a case for termination to the time a petition was filed. During the first year of the project, that average was reduced to less than two months.

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In Chemung County only six terminations had been filed in the two years prior to the project. During the project, 26 children were freed for adoption and 34 surrenders were accepted by the department. The average length of time a child remained in foster care before being freed for adoption went from 2.7 years in 1989 to 1.7 years in 1991.

Based on the state legislature's estimate of $10,000 to $15,000 per child per year foster care cost, the two-year, $200,000 project was able to save more than $2 million in foster care expenses.

In the other New York counties that have implemented this project, the time spent in foster care has been reduced by an average of one year. Overall, the efforts have cost about $1 million, but have resulted in foster care savings of roughly $5 million.

Replication

This project has currently been replicated in other counties in New York. The reform efforts have been completed in Broome, Oneida, Niagara, and Seneca counties and are ongoing in St. Lawrence, Jefferson, Albany, Cattaraugus, and Tompkins counties.

Materials Available

The final project report – *Termination Barriers: Speeding Adoption in New York State Through Reducing Delays in Termination of Parental Rights Cases* – is available from the ABA Center on Children and the Law. The report includes forms and protocols, problem lists, termination checklists, data collection and tracking instruments, and more.

Observations

The project staff did not track adoption statistics nor answer the question of whether freeing a child for adoption actually helps a child find a permanent home. They are just beginning to gather data to address this issue.

Cherokee Nation Adoption Program

Contact:
Linda Woodward, Director – Division of Children, Youth and Family Services

Address:
P.O. Box 948
Tahlequah, OK 74465

Phone/Fax:
918.456.0671 / 918.458.6146

Annual Budget:
N/A

Structure:
Public/Tribal Partnership

Dates of Operation:
1992 – present

Overview
Through family support, reunification, foster care, and adoption, Cherokee Nation's Division of Children, Youth and Family Services helps needy children and their families. The adoption program is designed to find permanent Cherokee homes for Cherokee children who cannot remain with their birth parents.

Philosophy and Goals

The primary goal of the Cherokee Nation adoption program is to keep Indian children in Indian families. In addition, program staff work to help states, attorneys, and other agencies comply with the Indian Child Welfare Act of 1978. The program focuses on the best interests of the child and seeks to establish permanency as quickly as legally possible.

The adoption program staff strongly believe that Cherokee children belong with their birth parents, if at all possible. If the children are unable to remain with their birth parents, a relative is the preferred adoptive placement. If a relative is not available, staff will seek to place the child in an adoptive home that is safe, loving, and reflective of the child's Cherokee descent.

History and Origins

In early 1992, during a foster parent recruitment effort, Cherokee Nation staff heard repeatedly that potential foster parents were also interested in adoption. At the same time, state representatives believed that there were no Cherokee adoptive homes for waiting Cherokee children. Cherokee Nation staff decided to design an adoption program that would serve those individuals and families who had expressed an interest in becoming adoptive parents and would move children from foster care to a permanent family.

In July 1992, using the state's adoption program as a starting point, Cherokee Nation staff developed policies and procedures for identifying and certifying adoptive families. By October, they had certified their first home and by December had made their first placement. The adoption efforts became a full-fledged program as a result of a U.S.

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Department of Health and Human Services Adoption Opportunities grant in September 1994.

Participants

When child welfare workers of Oklahoma – or any other state – identify that a child to be placed for adoption is of Cherokee descent, they must contact Cherokee Nation and work with the staff to identify an adoptive home. Although most of the children placed are from Oklahoma, the program has worked with Cherokee children and adoptive families from across the country.

Eligible adoptive families must meet one of the following requirements:

- Any relative over the age of 18
- A husband and wife jointly, one of whom is a tribal member
- An unmarried person at least 21 years old, who is a tribal member

Community Involvement

Early in the development of the adoption program, Cherokee Nation staff went to local community meetings throughout the 14-county area they serve. At these meetings, they sought advice from community members, asked for those interested in adopting to come forward, and explained the rest of their services to children and families.

Adoption program staff also work closely with county child welfare departments, explaining the Indian Child Welfare Act, the needs of a Cherokee child, and the availability of Cherokee parents. Through repeated site visits and other discussions, Cherokee Nation staff have built a respectful, cooperative relationship with the child welfare workers in their area.

In addition, Cherokee Nation staff cooperate with the child welfare units of other tribes in Oklahoma and across the country. When a child is a descendant of more than one tribe, the child welfare units work together to decide which tribe will be responsible for serving and placing the child.

Cultural Competence

The program is designed to meet the cultural needs of Cherokee children and their families. The preservation of family, cultural, and tribal ties is a key to the program's operation. In addition, adoption program staff help to educate state and local child welfare workers about the Indian Child Welfare Act and the history and needs of the Cherokee people.

Administration

When a child entering the Oklahoma Department of Human Services (DHS) is identified as Cherokee, DHS staff contact Cherokee Nation, and the two organizations share the case. A Cherokee Nation staff member monitors the case with the state caseworker and identifies community resources and potential foster and adoptive parents. Through a contract with DHS, Cherokee Nation staff make the placement decision, which is respected by the state and the local judges.

The adoption program is part of Cherokee Nation's Indian Child Welfare branch, and the program staff report to that branch's directors.

Staff

The Indian Child Welfare branch has 24 full-time salaried staff, including the program director and three supervisors. All social workers have a bachelor's degree in social work or a related field. Although Cherokee Nation has a foster care and adoption staff of four social workers and one program supervisor, all of the child welfare staff may work on an adoption placement. If the family has been involved with a treatment worker, for example, that worker will continue to work with the child and family through the adoption process.

Features

The Division of Children, Youth and Family Services is responsible for providing family support, reunification, and preservation services to Cherokee children and families. If these efforts are exhausted and the child cannot remain with the birth family or the state already has custody of a Cherokee

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child, the adoption program is responsible for finding a home for that child.

In deciding what family is best for a child, staff examine a number of factors. First, they seek a relative (perhaps identified by the birth parent); next, they look for a family who matches the child's blood quantum as closely as possible. The most important criteria, however, is that the adoptive parents possess an understanding of children, patience, and the ability to nurture and love an adopted child as their own.

Cherokee Nation staff believe strongly that an adoptive family should have as much information as possible about the child they will adopt. They share every possible bit of information they have with the family in an effort to ensure they are fully prepared for the adoption.

The adoption program focuses heavily on legal risk, or fost-adopt, placements. When a Cherokee child enters foster care, staff select a family who is willing to adopt the child if he or she cannot return to the birth parents. These foster parents are fully aware that the child may return home, and when possible work with the birth parents toward reunification.

At this time, the adoption program has no parent recruitment effort. After running a 1992 announcement in Cherokee Advocate, a national tribal publication, staff received requests for information from more than 100 families. Through this announcement and word-of-mouth referrals, they have developed an extensive list of families waiting for children.

When families from outside Oklahoma express interest in adoption, Cherokee Nation staff gather basic information about them (age, blood quantum, age of child wanted, etc.). Then, if an out-of-state agency calls them seeking a home for a Cherokee child, staff provide the agency with this list of possible adoptive parents from their area.

When local families express interest in adoption, staff do background screenings, training, home studies, and explain the fost-adopt process. The program charges no fees and is virtually free for the adoptive families. Once a family is approved, they will receive an annual recertification if no child has been placed with them. If a child is placed with the family, adoption program staff work with the adoptive family to obtain an adoption subsidy (if the child is eligible) and to identify and meet the specific needs of the child.

Funding

From September 1994 through September 1996, the adoption program was funded through an Adoption Opportunities grant from the U.S. Department of Health and Human Services. Since that time, Cherokee Nation has paid for the program through the Title IV-E foster care program and Title IV-B family preservation program.

Outcomes/Evaluation

Since 1993, Cherokee Nation staff have placed over 85 children in permanent adoptive homes. Of these adoptions, one disrupted, but the child has since been placed in another home. There are no waiting Cherokee children in Oklahoma at this time. In fact, Cherokee Nation has a waiting list of 120 certified families.

Replication

The program was developed by taking the best elements of Oklahoma's adoption program and modifying them to meet the needs of the Cherokee community.

Materials Available

Cherokee Nation staff have developed a handbook for potential adoptive parents. Those interested in more information may also receive a number of forms, policies, and brochures about the tribe's adoption efforts.

Observations

The adoption program staff would like to be able to certify families more quickly.

The Children's Aid Society (CAS)
12 Months to Permanency

Contact:
Betsy Mayberry, Director of Services

Address:
105 East 22nd St.
New York, NY 10010

Phone/Fax:
212.949.4800 / 212.682.8016

Annual Budget:
N/A

Structure:
Nonprofit

Dates of Operation:
1991 – 1993

Overview:
This program, based on the concurrent planning model, is designed to achieve permanence for foster children – either through reunification with their birth families or adoption.

Philosophy and Goals

The 12 Months to Permanency program was created in response to the growing numbers of very young children with special needs who were languishing in foster care. Its goal was to achieve permanent homes for these children with one year of placement, either by reunifying them with their birth families or placing them in adoptive homes.

The program is designed to address the specific issues of:

- ❒ Drug-affected families and the attendant problems of sexually transmitted diseases, including HIV
- ❒ Abandonment of the child in the hospital after birth or with relatives, or removal by child welfare
- ❒ Developmental, psychological, and medical problems of the child resulting from prenatal drug abuse
- ❒ A lack of services for drug-affected children

History and Origins

The Children's Aid Society (CAS) was founded in 1853 to care for orphaned and destitute children. Over the years it has sponsored orphan trains, schools, classes for developmentally delayed children, camps, Head Start, drug prevention, and teen pregnancy prevention programs.

In the late 1980s, New York City experienced a tremendous increase in the number of drug-affected families, including children abandoned at local hospitals. From 1988 to 1990,

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more than 15,000 babies were added to the Child Welfare Administration (CWA) caseload.

At the same time, CAS began to see many young children in its foster care population – in 1991, the population included more than 200 preschoolers. To meet the special needs of these young, drug-affected children, CAS created a special foster care unit to determine if intensive, specialized services could help the children quickly achieve permanence.

Although the 12 Months to Permanency Program was initially implemented to serve about 20 children from 1991 to 1993, it has recently been expanded to serve additional young children in CAS's care.

Participants

The program was designed to meet the special needs of very young children in foster care, primarily those who were affected by the drug use or addiction of their birth parents.

The original project population included 20 children, who were representative of the larger population of drug-affected foster children, and their caregivers in New York City. Ten of the children were male, ten were female. Fifty percent were African American, 40 percent Latino, and 10 percent Caucasian. All of the children were preschoolers, with five under three months, four aged three to six months, two under one year, four between one and three years, and five over age three.

More than 16 of the children were prenatally exposed to drugs, four children were HIV positive, and seven were born prematurely.

The program also targeted birth parents and foster parents. The original population included 16 biological mothers, 18 biological fathers, and 14 foster mothers.

The birth mothers ranged in age from 19 to 38. One-third had their own apartments, while more than half had been living on the street or in a shelter. One mother was in jail and another on probation. One had a significant prior history of psychiatric institutionalization. Three were illegal aliens, 13 had other children (many of whom were already in foster care), and eight had a child living with other relatives.

The foster mothers were older, aged 30 to 63. Two-thirds were African American, and the rest Latina. One-third never graduated from high school while one-third had some college education. Five were living with their husbands. More than half received either AFDC or SSI and most worked part-time. One-third lived in public housing. Half of the foster families had incomes (not counting foster care benefits) less than $10,000 and only three had incomes over $40,000.

Community Involvement

CAS established informal relationships with various community organizations to provide services to project participants. Community agencies provided support services to biological parents, including income maintenance programs, housing assistance, transportation, drug rehabilitation, and parenting skills training. Foster parents also used community programs, ranging from day care to support groups to legal assistance. Foster children received medical and dental care.

Cultural Competence

The service team was multi-racial and reflected the diversity of the group served. The team assessed each case to determine individual needs and to foster appropriate connections within the community.

Administration

Through a purchase of service contract, 12 Months to Permanency accepted referrals from the Child Welfare Administration (CWA). The program was part of CAS's foster/boarding home unit, which is part of the foster care and adoption division, where it benefited from links to outside resources already developed by that unit's staff. Staff members met weekly to review cases and assess progress.

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Staff

Five staff members served on the project:

- 1 project supervisor
- 1 director of social service/foster care/adoption
- 3 caseworkers

While most CAS caseworkers carried 20 cases, workers in this program had only eight cases.

Features

Key features included:

- Reduced Caseloads – Each social worker was assigned eight cases rather than the usual 20.
- Diligent Search Efforts – Staff started high-impact diligent searches to locate birth parents within the first two months of case opening.
- Early Assumption of Case Planning Responsibility – At intake, staff immediately began to develop permanency goals and a plan for achieving them. These efforts began even before case planning responsibility was transferred from CWA.
- Intensive Casework with Birth Parents – Staff encouraged birth parents to become active participants in the permanency planning process and to become educated about the need to secure early stability for their child, whether through adoption or reunification.
- Recruitment of Special Foster Parents – Foster parents agreed to work closely with birth parents toward family reunification, while agreeing to adopt the child if reunification proves impossible. If adoption occurs, these parents also agreed to a cooperative adoption, where contact between the child and birth parents continues after adoption.
- Medical/Developmental Treatment – Staff conducted early screening, evaluation, and treatment of the developmental and psychological consequences of parental abuse, neglect, or drug addiction. When necessary, staff brought in psychiatrists to help foster parents handle difficult situations.

Funding

The project was funded through the main CAS budget, which is over $20 million. CAS's sources of income include city foster care funds (through a purchase of service contract with CWA) and donations from individuals and organizations like the New York Neediest Charity and the United Way.

Outcome/Evaluation

Two outcomes were measured:

- Were the permanency goals reached for each child?
- How well was the program able to adhere to the 12-month timetable?

By 1993, permanency goals had been formally requested for 15 of the 20 children and approved by the child welfare agency for 11. Three cases were prematurely removed by the agency and were not counted. Six children were adopted by their foster families, two by kin foster families, one by an aunt outside the program, and two reunified with the father.

Only two of the 20 children experienced a transfer between foster families after being admitted to the program. Both moves were positive: the first was the transfer from a foster home to a kinship pre-adoptive home, and the second occurred six months after intake because the original foster family was moving out of state and the goal was reunification.

Six children (including one set of twins) did not have their cases settled within the 12-month period but permanency was attained later.

Due to two factors outside the agency's control, the 12 Months to Permanency Program had a slower start than anticipated. First, rapidly changing city policies with respect to drug-exposed newborns and other young children virtually closed down the foster care intake process at most agencies during part of 1991. Second, as a result of the recession and the tightening of government and foundation budgets, the agency could not secure necessary financing to implement in-home treatment for infants under 18 months and a therapeutic group for older toddlers.

Replication

This program is based on the concurrent planning model developed by Lutheran Social Services of Washington and Idaho. CAS staff adapted the model to fit New York's urban environment. Modifications included less dependence on a screening tool to select the participants and a more intense diligent search effort.

In November 1996, CAS expanded the 12 Months to Permanency Program to include 120 children, ages birth to 14, who are newly admitted into regular foster care. Cases will be randomly assigned to workers with caseloads of eight to 10 (as in the original pilot) or to those with caseloads of 18 to 20 (the normal caseload for foster care workers). These markedly different caseloads will allow CAS to examine the effect of caseload size on desired outcomes. The larger number of children served will allow greater analysis of how key variables influence outcomes.

Materials Available

Two publications are available from CAS:

- *12 Months to Permanency: Finding Permanent Homes for Foster Children Within One Year*
- *Evaluation of the Children's Aid Society's Twelve Months to Permanency Program* by Stephen J. Leeds, May 1993

Observations

Development of a special pool of foster parents was key to the project's success. CAS was able to recruit the 12 Months to Permanency foster parents from those already known to the agency. The foster parents had the toughest job of all participants – providing stability for the child, remaining in active partnership with birth parents on behalf of the child, and staying neutral even when contemplating the possibility of adoption.

Cuyahoga County Department of Children and Family Services (CCDCFS)
START (Sobriety Treatment and Recovery Teams)

Contact:
Pat Rideout, Deputy Director, Direct Services

Address:
3955 Euclid Ave.
Cleveland, OH 44115

Phone/Fax:
216.432.3335 / 216.432.3512

Annual Budget:
N/A

Structure:
County

Dates of Operation:
1996 – present

Overview:
START (Sobriety Treatment and Recovery Teams) is designed to develop safe, nurturing, and stable living environments for children by helping their parents overcome drug addictions.

Philosophy and Goals

START designers acknowledged that no one agency contains the resources and expertise to respond adequately to the needs of substance addicted parents who have abused or neglected their children. The program attempts to integrate 12-step and family-centered principles and practices by developing a network of service providers and supports for the family.

The goals of the program are as follows:

Keep children safe:

- ❒ reduce the risk for children who are not removed from their own homes
- ❒ reduce the number of referrals to Child Protective Services for children who are not in custody

Develop as safe, nurturing and stable a living situation for these children as rapidly and responsibly as possible:

- ❒ reduce the time to permanency for children in public agency custody
- ❒ reduce the number of subsequent removals from the family and thus the re-entry rate to custody within one year of program completion

Help addicted parents overcome their drug problems:

- ❒ increase the percentage of substance abuse addicted parents who enter treatment

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- ❒ increase treatment retention rates at one and six months
- ❒ increase abstinence rates at one and six months
- ❒ decrease absenteeism from scheduled treatment sessions
- ❒ increase program completion rates

History and Origins

Like many child welfare agencies around the country, Cuyahoga County Department of Children and Family Services (CCDCFS) has experienced a substantial increase over the last 10 years in the number of children placed whose families are battling alcohol and drug addictions. CCDCFS has also received many more referrals on babies born with a positive toxicology.

The START program was developed to respond to these new and pressing issues. Based on a model created in Toledo in 1989, the program integrates existing strengths of drug treatment providers and child welfare staff in Cuyahoga County and the results of current research on drug treatment for crack-addicted women.

Participants

The program focuses its efforts on women in Cuyahoga County who deliver babies at five area hospitals and who show a positive toxicology screening for cocaine. In the first year, CCDCFS expects 150 clients in the treatment group and 150 in the control group.

Community Involvement

The belief that no one person or system can support substance-abusing parents and families is at the core of the START program. A network of support including child welfare staff, drug treatment providers, health care providers, housing providers, extended family, neighbors, and friends is developed on behalf of each parent and child. All network participants except the informal support network – extended family, neighbors, friends – participate in training focused on issues such as drug treatment basics, risk assessment, case planning, domestic violence, team building, relapse prevention, and cultural diversity.

The Alcohol and Drug Addiction Services Board has set up an assessment unit at CCDCFS. This co-location allows START clients to be assessed within the agency and referred directly to community substance abuse treatment resources. Funding for treatment is assured for all those referred by the unit.

Cultural Competence

All CCDCFS staff must have cultural competence training. In addition, four days on cultural diversity are included in the START training curriculum. The CCDCFS staff is culturally diverse and is representative of the population served.

Administration

The Director of CCDCFS has ultimate responsibility for the START program.

A two-tiered advisory group governs the program. The first tier is a cross-systems planning group that participates in policy and program design, implementation, and evaluation. This group includes administrators of the different drug treatment programs, health board, housing coalitions, mental health board, and other agencies who are working regularly with START clients. This group meets monthly to:

- ❒ Talk about how the program is proceeding, examine issues that arise on a daily basis, and develop strategies to make the best permanency decisions for children;
- ❒ Continue to clarify the responsibilities of different systems and providers to assure safe reunification of children and families;
- ❒ Discuss practice issues that arise, including successes and barriers identified by line staff and clients.

The other tier consists of line staff from all systems who are directly serving families. This group meets at least weekly to discuss family issues and to brainstorm creative plans for particularly challenging situations.

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Staff

The staff is divided into two units, each consisting of five social workers and five advocates. Each social worker/advocate team will serve a maximum of 15 families. All staff members are full-time employees with benefits.

Many of the advocates were recruited from local JOBS programs. Their salaries are subsidized by JOBS for the first six months of employment.

Features

Social workers are paired with family advocates. As advocates are recovering crack addicts, they have had similar experiences to the families they are serving and know what it is like to be a client in the child welfare system.

Hospitals report women with positive toxicology screens to CCDCFS through a hotline. An intake worker is notified within one hour of a call. Within 24 hours, the intake worker visits the mother at the hospital or at home. The worker then assesses the family, develops a safety plan, and completes a full investigation.

Also notified within one hour, the social worker and advocate often accompany the intake worker on the first visit. Drug assessment and treatment is available within 24 hours of intake. The social worker/advocate pair contacts treatment providers, takes the mother to her first appointment, and follows up to clarify service plans.

The social worker/advocate pair is responsible for ongoing services and monitoring. The following aspects of service delivery are critical to success:

- ❒ Accessibility – The worker/advocate team visits each family at least once a week and is available to all families 24 hours a day, seven days a week. Services are provided in the home or neighborhood whenever possible and transportation is provided when needed.
- ❒ Flexibility – While adhering to applicable policies and legal mandates, staff are given the flexibility to provide the services most needed by individual clients and perform a number of tasks.
- ❒ Comprehensiveness – This innovative program strives to integrate 12-step and family-centered principles. Safety planning and drug and medical assessments are done with each family. Other services may include assistance finding sober housing, resolution of the underlying causes of abuse and neglect, and development of parenting skills.
- ❒ Coordination – Social workers and advocates connect with drug treatment providers at least once a week by phone and once a month in person. Drug treatment providers are expected to notify the social worker immediately if the parent misses any appointments. The worker/advocate team is also expected to search for family members and request their support and attendance at family team meetings.

Funding

The program is funded entirely by Cuyahoga County. Program staff have also received a great deal of technical assistance through the Annie E. Casey Foundation's ***Family to Family*** initiative.

Outcomes/Evaluation

As the START program has just begun, no outcome data has been generated yet. However, an extensive evaluation has been designed to address the following questions:

1. Is the form of services what was intended?
2. Does START successfully integrate the 12-step philosophy and the principles and practices of a family-centered child welfare agency?

3. To what extent does START:

   - ❒ Reduce the risk for children who are not removed from their own homes when an addicted mother is present?
   - ❒ Increase the number and percentage of substance addicted mothers who enter and complete treatment?
   - ❒ Reduce the time to permanency for children who must be removed from their families and placed in out-of-home care because of an addicted mother?

4. Is there a change in the functioning of families with chemically dependent mothers when intensive treatment and support services are provided?

The evaluation design relies on comparisons between START program participants, a child welfare control group, and all child welfare clients during the specified time.

Replication

The program is based on ADAPT – a model developed by Lucas County Children's Services in Toledo in 1989. Despite its success, the ADAPT program was cut in 1996 due to funding shortages.

Both models use a team that includes a social worker. But where ADAPT teamed the social worker with a paraprofessional, START instead employs a family advocate. These advocates are recovering crack addicts, many of whom have been involved with the child welfare system as clients.

Observations

"One of the big challenges in this work," says Pat Rideout, CCDCFS Deputy Director of Direct Services, "will be the creation of hope in our staff." She and others involved in the program's design believe that, by fostering community partnerships and learning from the experiences of recovering family advocates, they will not only create hope – they will achieve real change.

Eighteenth Street Development Services
Raising Others' Children (ROC)

Contact:
Sandra Campbell-Jackson, Founder and Director

Address:
1815 S. 18th St.
Philadelphia, PA 19145

Phone/Fax:
215.271.0052 / 215.271.0099

Annual Budget:
$119,525

Structure:
Nonprofit

Dates of Operation:
1989 – present

Overview:
An intergenerational program, Raising Others' Children (ROC) is designed to serve caregivers of children birth to 18 years old, who have been orphaned, abandoned, abused, or neglected by their biological parents. ROC also serves the children and their birth parents.

Philosophy and Goals

ROC is designed to break the intergenerational cycle of child abuse and neglect and to foster the growth of vulnerable children in their social, emotional, cultural, and educational endeavors. The program establishes a network within the community to provide services and resources for victims of child abuse and neglect.

ROC's services are based on the philosophy that children are best served by programs that are family-centered, child-focused, culturally competent, non-intrusive, and neighborhood-based.

History and Origins

In the late 1980s, ROC's founder and director, Sandra Campbell-Jackson, witnessed large numbers of grandparents in her community who were caring for their children's children. She assisted many elderly people looking for employment, most of whom needed to support their grandchildren. Other community agencies and groups noticed similar trends in the populations they served as more relatives began caring for others' children.

To identify the changing needs of the community, the local state representative worked with community agencies to host a focus group for community members. Of the 75 people attending the meeting, 55 were caring for children that were not their birth children. To meet the needs identified by these participants, Ms. Campbell-Jackson founded ROC in 1989.

Participants

ROC was created to serve the caregivers of children birth to 18 years old who have been orphaned, abandoned, abused, or neglected by their birth parents. The program also serves the children and their birth parents. Many of the families have been affected by

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substance abuse. Participants are referred by social workers, community agencies, and other program participants, or they come on their own. ROC staff will provide services to anyone who comes in for assistance.

The median age of the adults served is approximately 55, while the median age of the children is between eight and nine. Ninety-nine percent of the participants are African American.

Community Involvement

From the beginning, ROC has been actively working with community members and community agencies. They work closely with community partners, including the local public schools, mental health agencies, the state representative's office, the Center for Performing Arts, community centers, the Department of Public Welfare, the Department of Human Services, and the police department.

The relationships among these agencies vary. In some cases, ROC accepts referrals from, and makes referrals to, the community organizations. In others, they work together to prepare programs and to obtain funding.

ROC staff members also share information with community organizations by participating in the Community Development Coalition, where local community leaders share ideas and experiences with one another.

Cultural Competence

ROC staff and volunteers take great care in evaluating and meeting the individual needs of program participants. To help them meet those needs, staff attend specific training sessions on topics ranging from aging, AIDS, literacy, and substance abuse. In addition, ROC staff educate family members and the community about how these various issues can affect family life and the cycles of abuse.

Administration

ROC is led by its participants – they determine the program's direction and content. Former participants facilitate group meetings, while staff members serve as resources and guides. The current director and founder maintains an active role in ROC.

A number of ROC's programs and activities are administered jointly with local community agencies.

Staff

The program's staff consists of:

- 1 full-time facilitator/director
- 2 full-time grandparent advocates
- 1 part-time administrative assistant

In addition, ROC has many volunteers who raise funds, run support groups, provide respite care, and work on various projects as needed.

Features

The program is shaped by group sharing, coordination of community resources, and intensive follow-up. ROC helps families identify their existing strengths and facilitate development of new ones. Families and individual caregivers who receive services are encouraged to play an active role in the decision-making process, which affords them the opportunity to address the concerns that affect their lives.

Family stabilization results from a focus on needs of families as well as individuals. ROC staff provide holistic care and assistance to families through the following services:

Group Meetings:

Children can participate in a number of group meetings, including one for girls (For Girls Only) and another for boys (Boys to Men). Adults may participate in a special support group when their children are going into residential care. In addition, ROC hosts two biweekly support groups that run concurrently, one for children and the other for caregivers. Once a month, family meetings are held with all participants together.

Resource Workshops:

ROC offers a number of resource workshops including identifying child abuse, home repair and maintenance, literacy, and adult education.

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Developmental Activities for Children and Youth:
A summer enrichment program and play therapy meet the special needs of children who are not living with their birth parents. While the children participate in the summer enrichment program, their adult caregivers attend workshops on the same issues the children are addressing.

Family Preservation:
While all of ROC's programs are designed to preserve and strengthen families, ROC also offers a clinical group, hosted by a therapist, that helps families deal with one another and their particular relationships (daughter to mother, grandfather to grandson, father to daughter, etc.).

In-Home Outreach:
When family members are unable to attend activities, grandparent advocates will travel to their homes and provide the needed services.

Participants' achievements are recognized through a graduation ceremony. Those adults who graduate from the program may assume new roles as group facilitators, peer-to-peer facilitators, and presenters. Group facilitators receive nine weeks of training, while peer-to-peer facilitators participate in two 10-hour training sessions.

Funding
ROC receives its funds from the following sources:

- ❒ 25 percent from foundations
- ❒ 20 percent from corporations
- ❒ 10 percent from state government
- ❒ 5 percent from special events
- ❒ 5 percent from individual donations
- ❒ 5 percent in in-kind support
- ❒ 30 percent from the United Way and churches

ROC works closely with other community agencies to collaborate on funding and to share resources.

Outcomes/Evaluation
ROC serves more than 110 families each year. While staff do not conduct formal evaluations with participating families, the families are able to provide feedback on an ongoing basis and have an active role in designing program activities to meet their needs. Nearly one-quarter of the participating families have remained involved with ROC since its inception, indicating a high level of satisfaction.

Replication
ROC's program has been replicated in West Philadelphia, and is operated there by Parents Against Drugs. It will soon be replicated in Coatesville, Pennsylvania as well.

Materials Available
ROC will provide a program overview to anyone interested in learning more about their services and activities.

Family Outreach Center, Inc.
Family & Community Compact

Contact:
Veneese Chandler, Executive Director

Address:
1939 S. Division
Grand Rapids, MI 49507

Phone/Fax:
616.247.3815 / 616.245.0450

Annual Budget:
$250,000

Structure:
Nonprofit/Public-Private Partnership

Dates of Operation:
1996 – present

Overview:
This program is based on the New Zealand Family Group Conference model in which family and community make decisions about child placements rather than the courts.

Philosophy and Goals

Traditionally, the courts are responsible for making decisions about the fate of children involved in child abuse and neglect investigations. The Family & Community Compact is designed to allow families of color to decide what will happen to a relative child who is at imminent risk of being removed from his or her home due to abuse or neglect. By diverting these children from the child welfare system, the program attempts to both build on the strengths of families of color and ensure more timely permanence and stability for children.

History and Origins

The project was sparked by a 1992 study showing that African American children were over represented in the foster care system. Each year a disproportionate number of children of color become part of Kent County's child welfare system due to abuse or neglect. The Family Outreach Center developed this new service approach in 1996 to move abused and neglected children of color into the care of relatives or extended family members rather than into the child welfare system.

Participants

Child Protective Services of Kent County refers all cases involving the removal of children of color from their homes to the Family & Community Compact. Family Outreach Center staff then determine if a family conference is appropriate in each case.

The children and families referred to the program over the last year have had the following characteristics:

- 98 percent of children were African American and 2 percent were Native American, Asian, or Latino.

- 80 percent of children were under age 10, and 20 percent were age 11 or older.
- 59.4 percent of children were referred as a result of neglect, 19 percent as a result of abuse, 13 percent due to abandonment, and 8.6 percent for other reasons.

Family issues that led to child placement included substance abuse, deficient parenting skills, children's medical issues, housing deficiencies, and parent's mental health problems.

Community Involvement

In 1994, a steering committee was established to guide the development of the Family & Community Compact. Committee participants, representatives of both the human services and business sectors, are all interested in improving outcomes for children of color. The entire committee now meets only once a year, while a core team of 12 to 15 members meets monthly to coordinate and implement ongoing activities.

The Family Outreach Center works collaboratively with the Michigan Family Independence Agency (FIA), the Kent County Family Independence Agency, the Kent County Juvenile Court, and other community-based agencies and organizations. Program staff work with an extended-family network in each case, including neighbors and churches as well as relatives.

Cultural Competence

A belief in the value of family and cultural continuity is at the core of the Family & Community Compact. Staff strongly believe that families have the capability to problem solve and that children thrive in their own communities. Family Outreach Center staff reflect the population of children and families served in terms of ethnic background and are trained in culturally competent practice.

Administration

The Family & Community Compact is primarily supported through a grant from the W.K. Kellogg Foundation's Families for Kids (FFK) initiative. Kent County's FFK grant is administered by the Grand Rapids Foundation, which in turn funds the Family Outreach Center. The Executive Director of the Family Outreach Center supervises Family & Community Compact staff. Staff communicate regularly and work as a team to empower each family.

Staff

The Family & Community Compact staff consists of:

- 2 Family & Community Compact coordinators
- 1 family advocate

Staff are all full-time employees with benefits. Family & Community Compact coordinators are master's-level social workers.

Features

Child Protective Services of Kent County refers all cases involving the removal of children of color from their homes to the Family & Community Compact. Compact coordinators convene all immediate and extended family members, select friends, and professionals for the family conference. In this conference, the family is responsible for the development of a permanency plan for the child.

If the family plan is accepted by the Family Outreach Center, the agency and the Kent County Family Independence Agency agree to move the child into the identified home. Although the child may be in foster care for up to 21 days while a plan is being formulated, the court petition requesting foster care is dismissed when the family plan is implemented. This way, the child never really enters the foster care system, but rather is cared for by a family network.

Once the child is moved into the new home, the family advocate assumes responsibility for linking kin providers to services needed to support the child. Such services may include counseling, or may address the family's health, housing, or educational needs. The family advocate is also responsible for monitoring the placement and helping the birth parent access services and work toward family reunification. The alternative placement

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may last up to a year. At that time, the family will reunite, or kin guardianship or adoption will be considered.

Funding

The program is support through both private and public sources, and the total budget is $250,000. Major funders include:

- W.K. Kellogg Foundation (via The Grand Rapids Foundation)
- Michigan Family Independence Agency
- United Way

Outcomes/Evaluation

Because it is relatively new, the program has not yet been formally evaluated. The primary goal of the program is to decrease the number of children of color entering foster care in Kent County over the next three years.

Replication

The Family & Community Compact is based on the New Zealand Family Group Conference model. Enacted in 1989, New Zealand's Children, Young Persons, and Their Families Act created this radical new approach to dealing with child abuse and neglect cases. This model has been replicated in Canada, as well as several states in the United States, such as Oregon, California, Kansas, and Illinois. Each program is modified to meet the needs of a particular community or comply with the laws in that jurisdiction.

Michigan's program is the first in the United States to target exclusively children of color. The Michigan Family Independence Agency, however, is currently considering expanding the model to serve all Michigan children.

Observations

This new model challenges the way family and permanency have been defined and can be troubling for social workers, attorneys, and judges who are accustomed to traditional child welfare services. Training on the model, the philosophy behind it, and findings from its implementation in other communities is necessary for all child welfare practitioners.

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Homes for Black Children

Contact:
Sydney Duncan, President

Address:
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Detroit, MI 48206

Phone/Fax:
313.869.2316 / 313.869.9003

Annual Budget:
$968,452

Structure:
Nonprofit

Dates of Operation:
1969 – present

Overview:
Homes for Black Children specializes in African American adoption, foster care, and family preservation.

Philosophy and Goals

The organization is designed to strengthen and preserve black families through adoption, family preservation, pregnancy counseling, and foster care services.

History and Origins

The 1967 Detroit riots inspired the community to challenge racist attitudes, policies, and practices. At that time, a significant study conducted by the United Foundation (United Way) showed that hundreds of African American children remained in foster care because they were considered unadoptable. Homes for Black Children was founded in 1969 to defy the myth that black families do not adopt and to give African American children same-race placement opportunities.

Participants

The program focuses its efforts on African American waiting children and African American families in the metropolitan Detroit area. Both infants and special needs foster children are referred to the program.

Community Involvement

Located in an African American neighborhood in Detroit, the agency is accessible to the community it serves. Its 23-member board of directors includes representatives from the human services and business communities as well as adoptive parents. While the agency conducts outreach through print and electronic media, most referrals come by word of mouth. Homes for Black Children both refers to and receives referrals from other local child placement agencies.

Cultural Competence

Homes for Black Children was inspired by the recognition that African American children are poorly served by the traditional child welfare system. Staff are predominantly African American and appreciate the cultural values and strengths of the black community. All staff are encouraged to pursue ongoing training about cultural issues and biases.

Administration

The president and the executive director of the organization oversee all program operations. Program supervisors report directly to them. Because the organization is fairly small, staff communicate both informally and through staff meetings.

Staff

Homes for Black Children staff includes:

- ❒ 2 full-time administrators
- ❒ 5 full-time secretaries
- ❒ 1 part-time bookkeeper
- ❒ 1 part-time statistician
- ❒ 1 full-time security guard/case aide
- ❒ 1 full-time adoption supervisor
- ❒ 4 full-time adoption social workers
- ❒ 2 part-time adoption social workers
- ❒ 4 full-time family preservation (foster care) social workers
- ❒ 2 part-time family preservation (foster care) social workers
- ❒ 1 full-time family preservation (foster care) case aide

All full-time staff receive benefits. Each adoption worker's goal is to place 15 children per year.

Features

Homes for Black Children focuses on reducing the number of African American children in foster care and removing the barriers faced by African American families wanting to adopt. In 1974, Homes for Black Children initiated family preservation services to support family strengths and prevent placement of African American children whenever possible. These services include family counseling, pregnancy counseling, and foster care.

Each family interested in adoption is assigned a social worker who explains the adoption process and helps the family decide if adoption is the best choice. Home visits are conducted as well as other interviews at the agency. The agency charges no fees for adoption services, nor does it impose home ownership, age, fertility, income, or other eligibility requirements. Homes for Black Children no longer has to recruit foster or adoptive families. Due to its excellent reputation, the agency receives many of its referrals by word of mouth.

Formal post-adoptive services are not offered by Homes for Black Children. Staff do, however, counsel families and refer them to organizations that provide these services.

Funding

Homes for Black Children is funded by the United Way and has purchase of service agreements with the Michigan Family Independence Agency for foster care and adoption. The annual agency budget is $968,452.

Currently, agencies with foster care purchase of service contracts receive a fixed rate per day for each day a child remains in care. Homes for Black Children is one of four agencies negotiating with the state to move to a more outcome-based foster care funding strategy. Michigan already has such a strategy for adoption. Private adoption agencies that have purchase of service contracts with the state are reimbursed at a flat rate based on the length of time children wait to be placed. The faster a child is placed for adoption, the more money the agency receives. Homes for Black Children would like to see this method applied to foster care as well – the faster a child is returned home or parental rights are terminated, the higher the reimbursement rate.

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Outcomes/Evaluation

Due to its extraordinary success, Homes for Black Children is a model for African American adoption programs nationwide. Currently, it has a waiting list for people wanting to become foster care families, and the number of adoptions doubled from 1993 to 1994. During its 27 years of operation, the organization has placed over 1,000 children of all ages. The agency's disruption rate is very low, but in part that is because they are placing a significant number of infants and younger children.

Agency data available from 1995 reveals that:

- Twelve of the children placed were voluntarily relinquished by their parents, and 13 were wards of the state.
- Of the children relinquished, seven were younger than one year, four were ages one to two, and one was ages three to five.
- Of the foster children, four were younger than one year, three were ages one to two, and six were ages three to five. There were three sibling groups of two, and one foster parent adoption.

Thirty-seven children were placed in 1996, but data on their characteristics is not currently available.

Replication

Homes for Black Children inspired the development of countless African American adoption agencies around the country. Staff actually assisted seven sites with program development. Unfortunately, the organization currently lacks resources to offer technical assistance to those interested in the model.

Observations

According to Sydney Duncan, Homes for Black Children President, the agency continues to be successful because of its reputation and visibility in the community. Many families seek their services because staff are sensitive to the needs and issues of African American families.

"Some people believe that we increase placements by accepting marginal families," Duncan says. "This myth," she concludes, "is largely generated by misperceptions of the black community." Homes for Black Children has the same standards as other agencies but emphasizes getting to know people before making judgments about their parenting capacity.

Illinois Department of Children and Family Services
Kinship Permanency Planning Project (KPPP)

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Phone/Fax:
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Annual Budget:
$300,000

Structure:
Public-Private Partnership

Dates of Operation:
1994 – present

Overview:
The Kinship Permanency Planning Project (KPPP) addresses the permanency needs of children who linger in relative foster care. The project provides families with the opportunity to mediate an agreement between relative caregivers and birth parents that results in adoption, delegated relative authority, or guardianship.

Philosophy and Goals

The project operates under the following principles:

- ❒ KPPP tries to meet the permanency needs of children who have lingered in relative foster care, with the goal of helping these children enjoy a stable future.
- ❒ KPPP empowers families. When given the opportunity and information under the guidance of a neutral mediator, many families make decisions in the best interests of the child.
- ❒ KPPP focuses on a safe future plan for the c... rather than prior wrongdoing, except as it may affect the child's current safety.

History and Origins

The program was created in 1994 in response to the extremely high number of kinship foster care cases seen by the Illinois Department of Children and Family Services (DCFS). In an effort to make more long-term arrangements for these children, permanency planning staff were exploring the idea of granting caregivers delegated relative authority – a status that would give caregivers more authority but would leave children in the state's custody.

At about the same time, the University of Chicago published findings from focus groups held with relative caregivers, which showed that these caregivers were interested in adopting but that no one had ever explored adoption or other permanent placements with these families. The DCFS Inspector General brought the research results to the attention of the permanency planning staff and served on the project implementation

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team. As a result, KPPP was designed to work toward adoption and guardianship rather than delegated relative authority.

Participants

KPPP services are available for families who have a long-term kinship foster care placement. The families can be referred by juvenile court judges, hearing officers, or caseworkers.

The majority of families served by KPPP are African American.

Community Involvement

KPPP staff conduct outreach to private agencies to inform them of the program and to reach kinship care providers.

Cultural Competence

The majority of mediators in KPPP are African American, and two are Latino. Each mediator receives 40 hours of mediation training related to the issues facing relative caregivers. The training also addresses aspects of different cultures.

In addition, the project allows the family to determine who can be included in the mediation sessions, whether they be blood relatives or not.

Administration

The project is operated by the DCFS with a subcontract to Resource Alliance, Inc. (RAI). RAI staff do intake and mediate the case. RAI and DCFS staff are working together to create a plan for DCFS to absorb the project and to do intake and assign mediators.

Staff

The project has one full-time administrator at RAI and uses three certified mediators as needed. Staff in the Office of the Inspector General currently administer the program for DCFS, but this responsibility is shifting to the Office of Legal Services.

Features

The child's caseworker decides whether mediation is appropriate and remains involved throughout the process. Family members – as identified by the family – meet to explore possible permanency options with representatives from DCFS or the private child welfare agency. In addition, the caseworkers or family members may consult with pro bono attorneys, juvenile court representatives, and guardians ad litem. Older children are also invited to participate in the mediation. The mediator acts as a neutral party, serving the best interests of the child.

Before the mediation, DCFS staff conduct a background check of all extended family members and deal with any problems they find.

The mediation sessions focus on the child's need for security and safety, rather than past mistakes. The sessions are made as convenient as possible for the family – RAI staff arrange for transportation and hold the sessions in a variety of easy-to-reach locations. The sites range from KPPP's permanent office in the juvenile court building, to spaces at the private agencies, to community locations with parking and security.

At the end of each session, the family signs an agreement, which is passed to DCFS. Typically, a family will participate in three to five two-hour sessions before coming to a final agreement. If any of the agreements are violated, DCFS staff may change the agreed-upon permanency goal. Once the family has come to an agreement, the agency representatives, guardian ad litem, and state's attorney inform the judge that they have reviewed the agreement and concur with it.

The family must have a home study before the child is placed as a foster child, but there is no additional adoption home study. An adoption worker may be involved in the conference to talk about subsidized guardianship or adoption subsidy.

Once the consents have been signed by the involved parties, the case is handled in the civil adoption court like other adoptions. This is designed to separate the process from the child abuse and neglect cases and to avoid the implication that this is a bad family.

Funding

DCFS donates its staff time as an in-kind contribution to the project. The agency pays $300,000 to RAI for its program administration and mediator services. In the near

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future, DCFS will begin to use its own staff mediators, who have been trained by RAI. DCFS will continue to subcontract with RAI as necessary.

Outcomes/Evaluation

During its first 17 months, the project received 597 case referrals, of which 442 were forwarded for mediation services. (The other cases were either inappropriate for mediation or were already in the process of terminating parental rights.)

Of the 442 cases, 22 percent completed mediation and were awaiting uncontested adoption proceedings. Another 4 percent were pursuing delegated relative authority, which provides the relative caregiver with limited power while the state reserves guardianship. (DCFS recommended delegated relative authority for some families for about a year, but this status will no longer be used in the future.)

Roughly 42 percent of the cases were still involved in the mediation process, and the remaining 32 percent (144 cases) were not eligible for an uncontested adoption. Of these 144 cases, at least one of the birth parents was unwilling to relinquish his or her rights or was working to reunite with the child.

Of the children waiting for uncontested adoption, the termination of parental rights will still require a wait. Because of a backlog of court cases, most of the current TPR cases will not be finalized until well into 1997.

KPPP is cost efficient because it identifies stable relative foster care placements and provides permanency for the child without costly or embittering termination proceedings.

Replication

The program is based on the family conference model developed in New Zealand.

Materials Available

RAI staff have developed a training curriculum for family mediation with a child welfare focus. The curriculum is available from RAI at 115 Campbell Street, Suite 100B, Geneva, IL 60134; 708.208.9982.

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Indiana Advocates for Children
1994 Indiana Cooperative Adoption Law

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Annual Budget:
N/A

Structure:
State

Dates of Operation:
Law enacted in 1994

Overview:
The Indiana Cooperative Adoption Law allows birth and adoptive parents to agree upon a legally enforceable post-adoption visitation process.

Philosophy and Goals

The purpose of the Indiana legislation (I.C. 31-3-1-13) is very specific – it permits the courts to recognize certain situations where a complete severing of the parent-child relationship is not in the child's best interests. If the birth parent consents to adoption or voluntarily relinquishes the child, the court may grant post-adoption visitation.

While the law permits birth parents to file a petition to compel an adoptive parent to comply with the post-adoption agreement, the adoption cannot be revoked. As stated in I.C. 21-3-1-13 (h):

> A court may not revoke a decree of adoption because an adoptive parent fails to comply with a post-adoption visitation agreement.

History and Origins

The legislative proposal was designed to address several barriers that deleteriously affected the well-being of children in foster care. First, fear of losing contact with their children inhibits many birth parents from relinquishing parental rights without a fight. Even those who recognize their inability to parent full-time resist letting go. Traditional adoption – prohibiting visitation, communication, and the exchange of any information about the children – leaves birth parents trapped between two unappealing extremes. They cannot manage to care for their children, but they cannot bear to give them up entirely. As a result, if the agency has insufficient grounds for termination of parental rights, the children may spend many years in foster care waiting for resolution.

In addition, in many cases a bond already exists between an older child and his or her birth parent. In such instances, the child's best interest may be served by allowing an ongoing relationship with the birth parents.

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Initial discussions of cooperative adoption generated considerable opposition. Six years elapsed from the time the bill was first introduced until it passed the Indiana Legislature in 1994.

The first major obstacle was the confusion between "cooperative" adoption and "open adoption." Open adoption explicitly implies a degree of disclosure – anything from medical records to information about the identity of a birth parent. Cooperative adoption instead permits birth parents to receive legally enforceable post-adoption visitation privileges by mutual agreement with the adoptive parents.

A second initial objection was that cooperative adoption meant that an adoptive parent was not only adopting the child, but his or her parents as well. On the contrary, cooperative adoption is completely voluntary for both the birth and adoptive parents and if one party objects, no visitation will occur.

Others argued that a child's stability would be better served by a single set of parents. Yet research shows that children benefit from continued contact with a non-custodial parent – even when he or she may not have the capacity to parent full-time. Because of concerns about post-adoption visitation for infants who had not yet formed a bond, children under two were excluded from cooperative adoption arrangements.

During debates over the bill, the Indiana Office of Family and Children defended it, citing the many cases where extra-legal post adoption agreements were already being made, particularly with special needs children. The Indiana Foster Care and Adoption Association (IFCAA) also endorsed the proposal, as did many private foster care and adoption agencies. Indiana Advocates for Children argued persuasively for the bill. In the end, the cooperative adoption amendment passed the Indiana House 99-1 and the Senate 60-0.

Participants

This law is applicable to children over age two, their birth parents, and prospective adoptive parents. As noted above, cooperative adoption is particularly helpful for children caught in foster care drift.

Community Involvement

Many groups lobbied for the cooperative adoption amendment including the Indiana Foster Care and Adoption Association, Indiana Advocates for Children, private adoption attorneys, several private foster care and adoption agencies, and child psychologist, Dr. James Kenny.

Cultural Competence

On its face, this law is blind to race and culture differences. Advocates believe, however, that ongoing contact with birth parents will enable children adopted transracially to more easily retain their racial and cultural identity.

Administration

This law can be cited in any adoption case where both parties – birth parents and adoptive parents – agree to a cooperative adoption arrangement. The judge can deny or modify the agreement if he or she believes it is not in the best interests of the child. To determine whether the child's best interests are being served, the judge can appoint a guardian ad litem for the child.

Staff

N/A

Features

Certain conditions must exist before any post-adoption agreement can be considered by the court:

- ❒ Post-adoption visitation must be in the best interest of the child.
- ❒ The child must be at least two years old and have a significant emotional attachment to his or her birth parent.
- ❒ Each adoptive parent must consent to the post-adoption visitation agreement.

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- The adoptive parents and the birth parents must file the post-adoption visitation agreement in writing with the court.
- The licensed child placing agency sponsoring the adoption and the child's guardian ad litem must recommend the agreement. If there is no child placing agency, the agency that prepares the report must comment on the plan in writing.
- The child, if 12 or older, must consent to the visitation agreement.

Funding

No funding allocation or mandate was passed by the state legislature.

Outcomes/Evaluation

The advantages of a cooperative adoption amendment to the Indiana adoption law are considerable:

- Cooperative adoption can speed permanence for children who may otherwise spend years moving between foster care and their birth parents.
- The Office of Family and Children can save money by avoiding the expense of ongoing monitoring of children in foster care. Per diem foster family payments, medical care, administrative costs for the Office of Family and Children, and other incidental expenses add up to a considerable amount per child. The Kellogg Foundation's Indiana Families for Kids initiative participants estimated that this law opens adoption opportunities to an additional 500 waiting children in Indiana.
- Birth parents are freed from the responsibility for day-to-day child care, which they may not have fully desired or may have felt was beyond their capability, without totally abandoning the child.
- The child finds a permanent home through adoption.
- The child is able to continue the relationship with his or her birth family and to visit with his or her birth parents at agreed-upon times.
- Cooperative adoption aids in the release of many more children for adoption, thus providing more opportunities for families to adopt.
- The cooperative adoption law allows birth parents legal recourse, while ensuring that adoptions cannot be dissolved.

Replication

Six states – Washington, New York, Oregon, New Mexico, Nebraska, and Indiana – allow for the enforcement of open adoption. Again, Indiana's law is not an open adoption statute, but rather provides an opportunity to establish a post-adoption visitation process that can be enforced without threatening the legality of the adoption.

Many states are exploring ways to encode relationships between birth and adoptive parents for the benefit of the child. Staff at Indiana Advocates for Children expect this statute to be replicated in various forms in several other states.

Materials Available

The *CHINS Desk Book*, by Hill and Watson-Duvall is available through the Indiana Advocates for Children. This book contains interpretations of laws and sample forms and pleadings.

Observations

Many child advocates would like to modify the law to make children under age two eligible for cooperative adoption as well. They would also like to broaden the interpretation of the word visitation to include simple communication without physical contact – letters or pictures mailed on a periodic basis. A bill seeking those changes is currently before the Indiana Legislature.

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Institute for Black Parenting (IBP)

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Annual Budget:
$4 million

Structure:
Nonprofit

Dates of Operation:
June 1988 – present

Overview:
The Institute for Black Parenting (IBP) specializes in providing adoption, foster care, and family preservation services to the African American community in Southern California.

Philosophy and Goals

The Institute for Black Parenting (IBP) believes that whenever possible, children need to be raised by their birth parents or competent extended family members. However, when remaining with the birth family threatens the safety or well-being of the children, or when the birth parents and extended family are unable to care for their children, IBP believes that children have a right to be with a permanent, loving family.

IBP is dedicated to the preservation of the black family as a unit through provision of family preservation, foster care, and adoption services. The organization's goals are:

- ❒ Maintain children in their families of origin
- ❒ Reunify children with their birth parents or extended family
- ❒ Increase the number of permanent homes for black children
- ❒ Increase the stability of black adoptive and birth parent families
- ❒ Elevate the black community's awareness of the need for black adoptive and foster homes
- ❒ Expand the number of culturally relevant assessment services and culturally sensitive adoption professionals
- ❒ Effect change at the local, state, and national levels

History and Origins

IBP was founded in 1976 as the social service and research arm of the Association of Black Social Workers of Greater Los Angeles. In 1988, IBP was funded by the state of California to address the problem that African American children were 40 percent less

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likely to be adopted than other children in the child welfare system. As a result, IBP became the first licensed minority adoption agency in Southern California. In an effort to preserve and support African American foster and birth families, IBP later expanded its services to include foster care and family preservation.

Participants

With offices in Los Angeles, Inglewood, and Riverside, IBP primarily serves African American and Latino families and children in Los Angeles, Orange, Riverside, and San Bernardino counties. Adoption and foster care services, however, are available to children throughout California.

IBP also accepts interstate adoptive placements.

Community Involvement

IBP staff report that meeting one-on-one with representatives from neighborhood groups, businesses, and churches is the most effective recruitment strategy. The organization's location in the African American community enables staff to nurture these ongoing relationships.

Cultural Competence

A belief in the value of family and cultural continuity drives IBP's work. IBP staff reflect the population of families and children served in terms of race. Since many African American families do not trust traditional child welfare agencies, IBP tries hard to make people feel comfortable by ensuring that staff are friendly, respectful, flexible, and culturally competent.

Administration

The executive and assistant executive directors oversee all program operations. Program managers report directly to the directors.

Staff

IBP has 53 full-time and eight part-time staff. Part-time social workers are employed on a contract basis to conduct adoptive and foster family home studies. All professional staff have master's degrees in social work. Clinical consultation and supervision are provided by licensed clinical social workers.

Features

IBP uses traditional recruitment strategies including radio and television public service announcements, brochures and flyers, and church-based recruitment. The organization, however, developed the non-traditional features below to improve the process for African American families interested in adoption.

- IBP does not charge fees for services.
- Because IBP places a high priority on meeting prospective family needs, services are flexible. Staff are available to meet with families on evenings and weekends and conduct interviews in family homes.
- Emphasis is placed on educating and preparing families rather than evaluating or judging them. Families are respectfully informed about the need for procedures such as criminal background checks and home visits. Staff attempt to encourage rather than discourage potential adoptive families.
- IBP's unique "Rapid Response Service" entitles each applicant to a face-to-face consultation with a trained professional to answer personal and private questions within 72 hours of an initial orientation meeting.
- Staff send status letters to families providing updates on the progress of their home study. Once families have been approved, they are invited to attend quarterly "While-you-wait" meetings. These meetings, which enable waiting families to share their experiences with each other, have led to a 35 percent increase in retention rates.

Funding

IBP is funded by both public and private sources, and the total agency budget is $4 million. Major funders include:

- ❒ U.S. Department of Health and Human Services
- ❒ California Department of Social Services – *adoption contract*
- ❒ Orange County – *purchase of service contract for foster care*
- ❒ Los Angeles County – *purchase of service contract for foster care and family preservation*

As a result of foster care and family preservation contracts, the budget and staff have grown dramatically over the last two years.

Outcomes/Evaluation

Since 1988, IBP has placed just under 400 African American children in adoptive families and over 1,000 children in family foster homes. IBP's adoptive parent retention rate is over five times the national average. Roughly 765 parents were served through the birth parent program. Ninety-three percent of these parents kept their children and 7 percent placed them for adoption. Twenty-one families have received family preservation services since July 1996.

Replication

Zena Oglesby, IBP Executive Director, is a national spokesperson for the value of community-based African American foster and adoptive agencies. He and his staff have assisted in the formation of new agencies in Georgia, North Carolina, and Wisconsin.

Materials Available

Common Sense Approach to Child Welfare Services, a curriculum and video set, will be available from IBP in the summer of 1997.

Observations

At one time, 93 percent of families recruited by IBP adopted children from Los Angeles County. That number has since dropped to 70 percent because fewer Los Angeles children are being referred to IBP for adoption services. As a result, the agency actually has a backlog of potential adoptive families waiting for children. These frustrating delays could have a detrimental effect on IBP's ability to retain recruited families.

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Jefferson Family Court
One Judge, One Staff, One Family

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Carla Prather, General Counsel

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Louisville, KY 40202

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Annual Budget:
N/A

Structure:
County

Dates of Operation:
1991 – present

Overview:
This project uses several new techniques – case coordination, mediation, divorce education for parents and children, community training, and cross-profession collaboration – to help courts better serve families and children.

Philosophy and Goals:

The Jefferson County Family Court is designed to respond to Kentucky's legislative mandate to strengthen and preserve families. The goals of the project are to:

- ❒ Provide protection and assistance for children and families
- ❒ Promote the principle of "one judge, one staff, one family" by assigning the same judge, with as few exceptions as reasonably possible, to hear all matters involving a particular family
- ❒ Promote the fair, prompt, and uniform resolution of family-related cases
- ❒ Promote the use of non-adversarial approaches when appropriate
- ❒ Develop and use an advisory committee
- ❒ Develop a sound management system
- ❒ Use improved record-keeping systems
- ❒ Expedite divorce and termination of parental rights when appropriate
- ❒ Educate the public
- ❒ Educate personnel to specific needs of families
- ❒ Enforce orders and decrees

History and Origins

Concerned about the progressive breakdown of families, Kentucky resolved to take formal steps to strengthen and preserve families whenever possible. In 1988, the Kentucky General Assembly adopted House Concurrent Resolution Number 30, which established the Family Court Feasibility Task Force. After a great deal of research and discussion, the task force recommended establishment of a family court. Funds were allocated to the judicial branch of state government to establish the Family Court Pilot Project in Jefferson County.

Participants

The primary project clients are the families who appear before the Jefferson County Family Court.

Initially, 75 percent of all divorce cases and 50 percent of adoptions and terminations of parental rights were handled by the court. Now, all of the cases are heard under the project. The Family Court also hears all cases of dependency, neglect, and abuse, as well as all paternity and emergency protective order cases. From 1991 to 1994, the Family Court experienced a 59 percent increase in new case filings.

Community Involvement

An essential element of this project is the connection forged among the social services, legal, and judicial communities. Family Court support staff participate in numerous community activities to foster the continued exchange of information.

In addition, community members are surveyed about their satisfaction with the court process and serve on advisory and focus groups that guide the project's reforms.

Cultural Competence

Project staff are presently developing a diversity training component.

Administration

The Supreme Court of Kentucky has ultimate authority over state courts. With the support and direction of Chief Justice Robert Stephens, Jefferson County's two court administrators are responsible for implementing the project. Family court support workers function as liaisons among social service workers, legal staff, and clients.

Staff

When the project began, staff consisted of one family court administrator, six volunteer judges, individual judge's support staff, and one family court support worker. Currently, the project has an assistant administrator, nine judges, legal staff, support personnel, and front-line social workers.

Features

The essential elements of the One Judge, One Staff, One Family project include:

- ❒ The use of specialized courts
- ❒ Assignment of one judge to one case
- ❒ Staff who facilitate communication between social services, clients, and courts
- ❒ Targeted programs for clients with particular issues
- ❒ An emphasis on non-adversarial approaches

The project also includes a number of specialized programs:

- ❒ Families in Transition Program – Funded through the Administrative Office of the Courts and sponsored by the Family Court Pilot Project and University of Louisville Family Therapy Program, this program helps families adjust to divorce.
- ❒ Mediation for Custody/Visitation/Property – Qualified mediators help resolve custody and visitation issues.
- ❒ Family Preservation/Status Mediation Program – Funded through a grant from the Kentucky Justice Cabinet, this parent-child mediation program is designed to help families whose children are alleged to be status offenders.

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- ❒ Domestic Violence Information Sessions – Free information sessions are provided to victims of domestic violence, their families, or other interested persons.
- ❒ Children's Guardians Ad Litem Initiative – Specialized guardians ad litem are selected to represent children on the dependency, neglect, and abuse dockets. Three guardians ad litem have been assigned to each of the eight family courts that process dependency cases.
- ❒ Turning It Around Program – This program offers a series of educational classes related to fatherhood, employment, child support, and co-parenting. It is a collaborative effort among Family Court, the Department of Corrections, University of Louisville Family Therapy Program, and the Child Support Division of the County Attorney's Office.
- ❒ Dependency Mediation – With funds from the Edna McConnell Clark Foundation, the court is currently exploring the implementation of alternative pathways to the court for cases referred by the Cabinet for Families and Children.

Funding

The project is funded as part of the state judiciary budget, and its actual costs are difficult to identify. For example, at the beginning of the project, three existing circuit court judges and three district court judges (plus support staff) were simply reassigned to the project with no discernible change in the funding stream.

As reflected above, specific initiatives within the pilot project have been funded from various sources. For example, the Kentucky Justice Cabinet funded the Family Preservation/Status Mediation Program, and in-kind services from the University of Louisville Family Therapy Program were provided for the Families in Transition project.

Outcomes/Evaluation

Staff evaluate the program through client and community surveys, focus groups, and advisory committees. In addition, staff continue to explore ways to improve management information systems to more accurately assess the impact of the court process on families.

Representatives from the legal and social service communities indicate that the reforms have improved service to families. Surveys of practicing attorneys in Jefferson County found the following results:

- ❒ 68 percent believed that Family Court is an improvement for families.
- ❒ 65 percent cited more rapid scheduling of divorce cases.
- ❒ 65 percent believed court had improved because of additional support mechanisms available to the judge.
- ❒ 49 percent believed that Family Court is an improvement for families because of its willingness to consider the use of mediation – this was a 13 percent increase over the number of attorneys approving of mediation at the last survey.
- ❒ 48 percent liked the family education programs implemented by the court.

Surveys of litigating families found that:

- ❒ 68 percent believed that court-ordered services helped solve their legal problems.
- ❒ 61 percent felt that the process benefited their children.
- ❒ 67 percent believed the court's ruling met family needs.
- ❒ Of the 75 percent of litigants who found the question relevant, 53 percent found that their communication with children had improved.

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Replication

Legislation adopted in 1996 provides that other circuit and district court judges may request and, upon approval of the chief justice, may establish a family session with jurisdiction over family law matters. Kentucky courts in Pike and Fayette counties are presently implementing variations on the Family Court model. Because of the different demographics, certain elements will be modified.

Several states, including Hawaii, Florida, and New Jersey, have also implemented variations of the family court model.

Successful replication of the model requires ongoing communication with legal and social service professionals and family court litigants. Possible obstacles include:

- ❒ Funding for adequate facilities, staff, and technology
- ❒ Cooperation between the court, legal, and social service communities
- ❒ The perception of the community

Materials Available

Jefferson County Local Rules of Practice, 1997, is available through the Jefferson Family Court, and contains rules, process flow charts, and timelines.

Observations

The inadequate facility that houses the One Judge, One Staff, One Family project has adversely affected the program. For example, in family abuse cases, victims and perpetrators are typically kept apart; however, small waiting areas in Jefferson County facility create situations where both parties meet and intimidation can occur. Unfortunately, this type of physical limitation has guided several program decisions and hampered program development.

Judson Center
Living In Family Environments (LIFE)

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Annual Budget:
$1,500,000

Structure:
Nonprofit/Public-Private Partnership

Dates of Operation:
1986 – present

Overview:
The LIFE program employs families on public assistance to foster children and young adults with disabilities.

Philosophy and Goals

Through the LIFE program, children with disabilities who no longer live with their birth parents are fostered by low-income or former public assistance families. This bold new practice approach is based on the belief that two devalued populations – families on public assistance and children with disabilities – could be a source of support for one another. The program is also built on the notion that children belong in families rather than institutions.

History and Origins

In the early 1980s, 7,000 individuals with developmental disabilities were under the care of Michigan's mental health system, roughly 2,000 of whom lived in institutions. At the same time, 230,000 families were living on public assistance, struggling with a sense of hopelessness and low self-esteem. In 1981, Mounir Sharobeem, Judson Center President, designed the Living in Family Environments (LIFE) program as an alternative to institutionalization and dependence on government assistance.

Because the approach was extremely controversial, funding was difficult to secure for some time. But in 1986, the state legislature agreed to fund a pilot program, and in 1987, the initial group of children was placed in family foster homes.

Participants

The LIFE program is designed to serve children and young adults with disabilities, birth families, and foster families previously on public assistance.

Children served by the program range in age from birth to 26 years and have no other appropriate placement resource. Many of the children placed through the program have mental retardation as a primary diagnosis, and all are diagnosed with multiple disabilities. Physical disabilities include epilepsy, cerebral palsy, TB of the brain, hearing or vision

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impairments, and muscular dystrophy. Emotional disabilities such as schizophrenia and depression are also common.

In addition to being former public assistance recipients, many foster parents also have the following in common:

- ❒ A lifestyle of caring
- ❒ Resourcefulness
- ❒ A proven parenting track record
- ❒ A strong support system
- ❒ Determination

Community Involvement

Foster parents are recruited primarily through community-based outreach. Flashy brochures have not proven to be as persuasive as personal contacts with representatives in community organizations. LIFE staff also report that foster parents recruiting foster parents has been the most successful method.

Foster parents are trained to identify and use community resources, and service organizations are urged to partner with the LIFE families whenever possible.

Initially, children were referred from only a single source. Referrals now come from the Department of Mental Health, Community Mental Health, the Department of Social Services in Wayne, Oakland, Macomb, Genesee, Lapeer, St. Clair, Saginaw, Monroe, Washtenaw, and Jackson.

Cultural Competence

Judson Center and LIFE staff reflect the population served in terms of ethnic background. All foster families must participate in 30 hours of training each year, a significant portion of which must address race and cultural issues.

Administration

The Judson Center is responsible for overall administration of the project, including providing case management services, securing supports, and conducting training.

Staff

Program staff consists of a full-time program coordinator, four caseworkers, and a secretary. Caseworkers are assigned to supervise up to 10 families at a time. Staff advocate on behalf of children and young adults with disabilities and train and support foster care providers.

Features

Prospective foster parents attend a week-long training conducted by a representative of the Department of Mental Health. The training addresses:

- ❒ Values necessary to successfully foster children with developmental disabilities
- ❒ Understanding developmental disabilities
- ❒ Common medications and how to dispense them
- ❒ Defining and accepting children's rights

Foster parents then complete the licensing process and are paired with established caregivers for on-the-job training. Staff meet with foster parents every other week to provide ongoing training and assistance. Each care provider also identifies a support person – another foster parent – with whom to discuss issues and seek respite. LIFE staff are available 24 hours a day, seven days a week and ensure that foster parents have access to community supports. This support is the primary reason LIFE foster parents have succeeded in their care and supervision of these young people where many others have failed.

In addition to their annual salary, staff provide foster parents with a stipend to up-grade homes so that they meet licensing requirements. When a child and family are matched, several meetings – including two overnight stays – are arranged so that both parties can become acquainted. If these initial visits are successful, the child is placed in the home.

Program staff aggressively seek to involve the birth families in their children's care. Work with the birth family is focused on empowering them to be a part of permanency planning. Some parents help establish a treatment plan or continue to advocate for their child in the school and in other community organizations. Some birth families visit their child in the foster home or take him or her home for weekend and holiday visits.

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In those cases where reunification with the family is not an option, staff focus on adoption planning. Staff first look to the foster parents as an adoptive resource and then refer children to Spaulding for Children, an agency specializing in finding adoptive homes for special needs children.

Funding

Program funding has grown from $200,000 to $1,500,000 since 1987. LIFE is funded through the Michigan Department of Mental Health, Community Mental Health, private donations, and a foster care purchase of service contract with the Oakland County Family Independence Agency.

Outcomes/Evaluation

The overall goal of the program is to achieve permanency for children and young adults through reunification with the birth family, adoption, or independent living. Since 1987, over 150 children and young adults have been served by the program. Of the 143 children tracked:

- ❒ 60 are still in the program
- ❒ 30 were reunified with their birth families or relatives
- ❒ 20 were adopted by their foster parents or relatives
- ❒ 13 were moved to adult foster care or group homes
- ❒ 12 ran away
- ❒ 6 returned to institutions
- ❒ 2 live on their own

Foster families have benefited from the program as well. While several left the program, none has gone back on public assistance. Some have purchased homes, and others are pursuing further education. All feel the program allowed them to make a meaningful contribution and restored hope and confidence in their abilities.

The program has resulted in significant cost savings for the county and the state. For example, the cost to maintain 10 children with developmental disabilities in state care and maintain 10 families on public assistance is roughly $650,000 a year. The cost to maintain children in family homes and pay foster care providers who were previously on public assistance is only $350,000. Over a one-year period, this results in a $30,000 savings per child.

Replication

Project leaders have talked with a number of other agencies interested in establishing a similar program. One California county is currently attempting to replicate the program.

Materials Available

Judson Center Living in Family Environment and *The 1995 Annual Report, LIFE Program*, are both available from the Judson Center.

Observations

Fragmentation of funding is an ongoing challenge to the program. The Department of Mental Health views only individuals with disabilities as their clients. The Family Independence Agency, on the other hand, recognizes its responsibility to both public assistance families and dependent and neglected children, but is not able to merge its categorical funding to meet the needs of both populations. Each requires a separate contract and distinct forms and timelines. This fragmentation can result in a disparity between the services provided to adults and those provided to children.

The public's negative perception of welfare recipients is still a significant barrier. A number of birth families and policy makers do not understand the tremendous knowledge and motivation many recipients possess, and may balk at the notion of allowing them to foster children with disabilities. Little by little, the success of the LIFE program is challenging those perceptions.

In an effort to enhance services, LIFE staff are exploring or implementing several new components related to shared parenting, parenting techniques, teenage mothers, parents with developmental disabilities, public speaking, self-development, and mentoring.

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Kinship Center
Partners in Placement (PIP)

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Monterey, CA 93940

Phone/Fax:
408.649.3033 / 408.649.4843

Annual Budget:
$140,000

Structure:
Nonprofit/Public-Private Partnership

Dates of Operation:
April 1991 – March 1994

Overview:
PIP, an adoptive parent recruitment program, reached out to the African American community to find homes for children in long-term foster care in San Francisco County. The success of the pilot program inspired San Francisco County to contract with the Kinship Center and its collaborative partners for adoptive family development.

Philosophy and Goals

PIP, a three-year pilot program initiated in 1991, was built on the belief that children are best served when placed in homes reflecting their cultural and racial background, and that African American families would come forward in significant numbers to adopt when barriers were removed.

Program goals included:

- ❒ Recruit and secure appropriate applicants for 80 San Francisco foster children in need of adoptive homes;
- ❒ Decrease and ultimately eliminate unnecessary delays in finding permanent homes;
- ❒ Increase the pool of approved adoptive applicants;
- ❒ Strengthen public-private partnerships to ensure that all of the children who need homes will be adopted.

PIP established a successful base upon which to develop and sustain public-private agency partnerships on behalf of San Francisco's waiting children.

History and Origins

San Francisco has struggled with the influx of young, abused, or drug-affected children into the system. The county has a disproportionate number of African American children – 70 percent – in foster care, many of whom lack extended family to care for

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them. In such cases, the court reluctantly orders long-term foster care for those children not matched with adoptive families. Despite intensive efforts, not enough permanent families were coming forward.

In 1991, the county decided to collaborate with private agencies with demonstrated competence placing children with special needs. The county's demographics suggested that regional cooperation was needed to find homes for its children. With funding from the Stuart Foundations, San Francisco County partnered with Kinship Center and Black Adoptions Placement and Research Center (BAPRC) to recruit adoptive families for children who had been passed by for adoption. This public-private collaboration was extremely successful, exceeding its permanency objectives and saving the county millions in foster care costs.

Building on PIP's success, San Francisco became the first California public agency to contract adoption services through the private agency sector. In June 1996, Kinship Center, BAPRC, and two new partners – Future Families and Sierra Adoption Services – were awarded a three-year contract. The new collaboration – SF-CHILD – has completed three quarters of family recruitment and training. The number of families responding to the statewide 1-888-SF-CHILD line is increasing weekly and providing a growing pool of potential adoptive families.

Participants

PIP focused its adoptive parent recruitment and retention efforts on the African American community – a group of potential parents often missed by traditional adoption agencies. It also targeted children in long-term foster care – those who had been passed by for adoption.

The SF-CHILD program goals differ somewhat from PIP's, although the methodology and teamwork are essentially the same. While PIP targeted only African American children in long-term foster care, the SF-CHILD program focuses on finding an adoptive home for every San Francisco child who cannot remain in the birth family. In addition, the new SF-CHILD program emphasizes development of families inside San Francisco County as well as in the statewide licensing area encompassed by the four collaborating agencies.

Community Involvement

Collaboration is an essential element of both programs. PIP, and now the SF-CHILD program, define collaboration as a planned strategy to accomplish specific goals. Agencies participating in the PIP program identified the following factors as guidelines for successful collaboration:

- A willingness to invest the time needed to gain a thorough understanding of each other's agency processes, procedures, and systems;
- A commitment to open, clear, and honest communication, with each participant being acknowledged as an equal partner in the process;
- An adaptation of individual views and practices through self-examination, dialogue, and feedback;
- An appreciation of diversity;
- An agreement to keep the welfare of the children in the forefront of all program activities.

Adoptive parent recruitment in both programs is based on work in the community. PIP and SF-CHILD employ a team leader with a background and skills in marketing and public relations to develop community outreach methods. The current team leader is also an adoptive parent and a certified MAPP trainer.

Cultural Competence

PIP staff were culturally diverse and learned a great deal from working together. All participants became more culturally aware and sensitive as a result of the project. In addition, they developed mechanisms for cooperative programming between organizations that functioned very differently on a day-to-day basis.

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PIP demonstrated that the African American community responds to the needs of waiting children when outreach and family development are sensitive and culturally competent. PIP results indicate that it is possible for culturally competent agencies to bring more families of color into the adoption process.

Administration

The PIP project was a collaboration between two private agencies and the county. The new SF-CHILD program is a collaboration that includes four private agencies and the county.

Monthly team meetings in San Francisco provide an opportunity for team members to staff potential placements, present children, plan for recruitment events, and update information on the child and family database reports. The participant database is located at Kinship Center, as is the accounting function for the programs.

San Francisco County staff seek input from team members regarding placement possibilities while retaining the authority to accept home studies and match children and families. The new SF-CHILD contract is designed to add to but not replace the mandated services of the county child welfare agency. No county staff were displaced due to the contract.

Staff

PIP staff included a team leader and two full-time social workers, one housed at Kinship Center, the other at BAPRC. San Francisco County also had a unit dedicated to PIP consisting of one supervisor and four workers.

Under the new contract, the county has a unit consisting of one supervisor and six workers. Each of the four private agencies has one social worker and support staff assigned to the program. A team leader and two full-time social workers are also employed to serve San Francisco County families. Some contract workers are also employed to complete home studies and MAPP training.

All professional staff are master's-level social workers. The team leader is a marketing professional and an adoptive parent.

Features

African Americans adopt in proportionally greater numbers than Caucasians, as their families are informally inclusive of other children in their kinship systems. Focused recruitment and personalized information about available children are critical to achieving successful outcomes. After connecting with other agencies, adoptive applicants have reported feeling overwhelmed by too much information and discouraging attitudes from staff. These programs focus on welcoming all people and recognizing them as valuable resources for children.

PIP and SF-CHILD architects recognized that a positive visual presentation of children, coupled with informative biographical data focusing on the child's potential, appeals to prospective families. Photo albums are available at each agency. In addition, interested families are provided an attractive portfolio containing literature about adoption and foster care issues along with a photo and biographical sketch of the child they are interested in. Videos were a feature of the PIP program, but are now rarely used because most children find homes before their videos are produced. An SF-CHILD Web site is currently under development.

The programs both feature a marketing plan that includes monthly public service announcements, calendar listings, direct mail, and display advertisements as a means of recruiting families to monthly meetings and public presentations. Children are prominently featured in agency newsletters. Families are also recruited at community and agency events. Churches have welcomed staff to address congregations, insert information in Sunday bulletins, and distribute literature after services. Though project staff will continue to conduct focused recruitment in the African American community, there will likely be more transracial placements.

An essential feature of the PIP and SF-CHILD programs is reduced caseloads. Child welfare workers in the long-term placement section supervise large caseloads of up to 70

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children. PIP staff at the county have caseloads of no more than 25 cases, enabling workers to move a case through the recruiting, matching, and terminating stages in a much shorter period of time. Assigned workers stay with the child until permanency is achieved.

Funding

The initial three-year project, funded by the Stuart Foundations, supported social work staff, recruitment activities, and a team leader position. The grants averaged $140,000 per year.

The SF-CHILD program is being funded by a contract from San Francisco County to cover similar services within the four participating agencies. The contract also funds positions designed to provide orientation, MAPP training, and home studies for San Francisco residents who wish to adopt a child.

Outcomes/Evaluation

PIP staff surpassed their stated goals. While their objective was to find adoptive placement for 80 of the targeted children, they actually placed 110 children in the three-year period. Several adoptions are still pending, and a few disrupted but new homes have been found for these children.

The Stuart Foundations were particularly interested in learning how such a public-private partnership would promote system change within the county agency. As a result of the PIP experience, the county has realigned its adoption program under one management team. Children are not transferred to a new caseworker when their case plan goal becomes adoption planning.

Staff estimate that at least 20 children will have been placed in the first nine months of the SF-CHILD program. They have been extremely successful attracting new families, and are developing a large pool of families who are approved and waiting to be matched.

Both PIP and SF-CHILD are producing significant cost savings; the county estimates that PIP alone saved millions.

Replication

Due to PIP's success, the county has proceeded with a purchase of service contract with the original PIP organizations, Future Families, and Sierra Adoption Services. This new contract is designed to expand the service area and the number of children placed. The target area for adoptive family development now extends from the Bay area, to the Central Valley, to Southern California. However, the participating agencies have the potential to recruit families statewide.

Materials Available

Partners in Placement Special Report is available from Kinship Center.

Observations

In its first year, SF-CHILD is on target for all major objectives. Because the contract process is still so new, judgment about this program must be reserved until at least the end of year two.

The PIP and SF-CHILD programs benefit from the leadership and participation of four respected and experienced special needs adoption agencies in California. Successful privatization of adoption services requires partnering with private agencies that are experienced, have demonstrated success, are fiscally sound and competent, and have an agency culture that invites and promotes cooperative relationships.

Lutheran Social Services of Kansas & Oklahoma, Inc. (LSS)
Wendy's Wonderful Kids

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316.686.6645 / 316.686.0453

Annual Budget:
$60,000

Structure:
Nonprofit

Dates of Operation:
September 1993 – September 1998

Overview:
This program is designed to find adoptive families for waiting children through community-based, child-specific recruitment techniques.

Philosophy and Goals

Wendy's Wonderful Kids is designed to find adoptive families for children who wait the longest through community-based, child-specific recruitment.

History and Origins

Lutheran Social Services (LSS) is a private, nonprofit 501(c)3 corporation. Wendy's Wonderful Kids is a collaboration of LSS, the Wichita Wendy's franchises, the Kansas Department of Social and Rehabilitative Services (SRS), and KSNW Channel 3 television.

In 1993 staff from the Kansas Kellogg Planning Project and a local Wendy's CEO discovered they had a similar interest in special needs adoption. Aware that no program in Kansas was focusing on child-specific recruitment, LSS staff attempted to fill this gap.

Participants

The program focuses its efforts on Kansas foster children with no identified family resource. Children referred to the program must be from the Wichita area or one within reasonable driving distance. Many of the children served have been in foster care for years and are the most difficult to place. In the first three years, the program served 54 children with the following characteristics:

Race	Age	Disability	Sibling Groups
25 African American	1 under age 2	9 none	9 groups of 2
22 Caucasian	16 2-5	2 medical	2 groups of 3
3 Biracial	26 6-11	11 LD/ADHD	1 group of 5
4 Latino	9 12-14	9 MRDD	
	2 15 or older	15 severely emotionally disturbed (SED)	
		8 multiple	

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Community Involvement
Local businesses (Wendy's, KSNW-TV, Bank IV) have been heavily involved in promoting the project and assisting with recruitment. In addition to providing financial support, Wendy's has helped LSS make valuable media connections. KSNW (Channel 3) features children in the Wendy's Wonderful Kids program during its Wednesday's Child segments.

Cultural Competence
Staff focus recruitment efforts on identifying families within the child's community. Nearly all children are placed with families that reflect their cultural background.

Lutheran Social Services of KS & OK, Inc. purchased the *Cultural Competence Curriculum in Child Welfare: Adoption* from Spaulding for Children and has trained four teams to teach the curriculum. This training is required of all LSS workers and subcontractors.

Administration
The program is administered by LSS. The supervisor for Wendy's Wonderful Kids reports to the Associate Director for Program Services. The social worker meets weekly with the supervisor, and the special needs adoption staff meet monthly.

Staff
The staff consists of:

- 1 supervisor
- 1 social worker
- 1 recruiter

All staff members are full-time employees with benefits. The social worker handles 15 to 20 cases at a time. As the recruiter works with all LSS special needs adoptions, he devotes roughly 10 to 15 percent of his time to Wendy's Wonderful Kids.

Features
Waiting children with no identified adoptive family resource are referred to this program. A comprehensive assessment is done for each child. This assessment is based on a personal futures planning model – looking at the child's strengths, needs, and the barriers to placement.

A team is assembled and mobilized on behalf of each child. The team is made up of all those involved with the child-foster parents, therapists, teachers, scout leaders, big brothers, neighbors, etc. During the assessment, the team attempts to identify a particular family, or type of family, that would be appropriate for the child. A recruitment plan must be developed 91 days after a plan of adoption has been designated for a child.

If recruitment is necessary, the team is encouraged to help. Media recruitment is often conducted. If necessary and appropriate, children are featured on KSNW-TV's Wednesday's Child.

Identified families are prepared through LSS. MAPP training is required for all potential adoptive families. All families receive post-adoptive services for a minimum of 18 months after legalization. LSS will continue to provide services after 18 months to any family in need.

Funding
The annual budget is approximately $60,000. Wendy's contributes $30,000 annually and the remainder is provided through LSS's new contract with the state.

Outcomes/Evaluation
Performance is measured by placements and legalizations. LSS received 54 referrals prior to October 1, 1996 – the date LSS assumed responsibility from the state for finding adoptive families for Kansas children. Of those referrals:

- 22 have finalized adoptions
- 18 have been placed in adoptive homes
- 3 have had a family resource identified
- 11 have had no family resource identified

Roughly half of the sibling groups were placed together. There were 6 disruptions (14%), four of which were sibling groups of two. Five of the children have been re-placed – in both cases the siblings were split up – and one was withdrawn by the Kansas Department of

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Social and Rehabilitative Services (SRS). The characteristics of the 11 children still waiting include:

- 7 are ages 12-14, 2 are ages 2-5, and 2 are ages 6-11
- 7 are African American and 4 are Caucasian
- 5 have multiple disabilities (includes MRDD and severely emotionally disturbed), 1 is LD/ADHD, 3 are MRDD, and 2 are SED

Replication

On October 1, 1996, Kansas became the first state in the nation to turn a publicly run adoption system over to the private sector. The Kansas Department of Social and Rehabilitative Services relinquished responsibility for finding adoptive families for 892 children to LSS. To provide necessary services to Kansas children, LSS subcontracted with 13 other private agencies around the state to form the Kansas Adoption Network.

The Wendy's Wonderful Kids model is being used by the Kansas Adoption Network. Every child is assessed – children with no identified family resource receive a comprehensive assessment, while children with a family resource receive a basic assessment. A recruitment plan must be developed 91 days after a child's plan has been changed to adoption if no family resource has been identified.

LSS staff have presented the model at national conferences and have assisted states requesting information about the program.

Observations

LSS is still adjusting to the dramatic changes resulting from its new contract with the state. The contract offers LSS both exciting opportunities and new challenges. One such challenge is distinguishing Wendy's Wonderful Kids from the overall special needs adoption program. Staff are confident that when the dust settles, operations will be running smoothly. According to Virginia Rodman, architect of Wendy's Wonderful Kids, "What makes this program such a success is the attitude of the worker – if the worker believes the child can be placed, the child can be placed."

Lutheran Social Services of Washington & Idaho, Inc. (LSS)
Concurrent Planning

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Annual Budget:
$350,000

Structure:
Nonprofit/Public-Private Partnership

Dates of Operation:
July 1981 – present

Overview:
Concurrent planning is both a philosophy and a case management method emphasizing candor, goal setting, and time limits for neglectful and abusive parents.

Philosophy and Goals

Concurrent planning is designed to speed permanence for those children least likely to be reunified with their birth parents. LSS works intensively toward family reunification, while at the same time developing an alternative permanent plan for each child. The approach is not meant to undermine parents, nor does it prejudge the case outcome. On the contrary, by providing parents with thorough information and targeted services, concurrent planning empowers them to make choices.

History and Origins

Concurrent planning began in 1981 as a small model program aimed at effectively speeding permanence for young foster children who were unlikely to return home in the foreseeable future. A number of studies had shown that early case planning, written contracting with clients, intensified casework with parents, and frequent parental visits moved children through the system more quickly. Additional research indicated that legal-risk or foster-adoption programs – those that place a child into a foster home with a plan for adoption – provided continuity and stability for children in care and shortened their lengths of stay. By integrating these methods and several others, LSS developed this extremely effective permanency planning model.

Participants

The program focuses its efforts on children under the age of eight who are unlikely to be reunified with their birth families due to intractable family problems. Families served by the program have the following characteristics:

- 79 percent of families served by the program are Caucasian and 21 percent are families of color.

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- ❒ The average age of children at intake is 2.1 years.

They were referred to the program for the following reasons:

- ❒ 90 percent due to abuse and neglect
- ❒ 71 percent due to parents' drug abuse
- ❒ 16 percent due to parents' mental illness

Community Involvement

The program is closely linked to the public agency, and LSS staff participate in a number of collaborative work groups. Staff also conduct concurrent planning trainings for public and private agency workers. In addition to evaluations required by funders and accrediting organizations, every three years, foster parents are asked to evaluate the program during re-accreditation.

Cultural Competence

Cultural competency training is mandated for all staff contracted by the Washington Division of Children and Family Services (DCFS). Staff participate in specialized trainings and are required to share information with co-workers.

Because Washington has a small population of color, LSS clients and staff are predominantly Caucasian. The agency, however, recognizes the need to recruit more staff of color and more families of color to serve as foster-adoptive resources.

Administration

The program is administered by the program director and the program supervisor. The program supervisor is responsible for attending management meetings, convening weekly staff meetings, and hiring and evaluating staff. Four areas are covered during weekly staff meetings – case consultation, intake, crises, and other business. In each case, one staff member is assigned to the birth family and another to the child and foster family. Weekly meetings give these staff members the opportunity to discuss information about cases they share.

Staff

The staff consists of:

- ❒ 1 program director
- ❒ 1 program supervisor
- ❒ 4 permanency planning social workers

All staff members are full-time employees with benefits. Staff turnover is very low.

Features

Focusing on children under the age of eight, the program emphasizes small caseloads, staff teamwork with group supervision, specially trained caretakers, open adoption options, and private attorney representation to overcome legal delays. Because separate administrative divisions for foster care and adoption create barriers, delays, and turf issues, LSS combined adoption and foster care into one permanency unit.

In the 90 days following the foster care placement, the agency attempts to accomplish these tasks:

- ❒ Conduct a differential diagnosis to distinguish truly untreatable families from those with potential strengths to build on and to identify the central problem.
- ❒ Search for relatives and determine Native American or minority heritage.
- ❒ Place the child in a family able to commit until case resolution and beyond.
- ❒ Plan frequent and lengthy visits with the birth parents.
- ❒ Inform parents of the concurrent plan and of their options – work intensively toward reunion, relinquish to current caretakers with an open adoption, or abdicate decision making to the court.
- ❒ Implement the case plan by providing intensive outreach services addressing the central problem.

Early identification of children unlikely to return to their birth parents is a critical first step in concurrent planning. Accurately assessing the prospects of family reunification, however, is tremendously difficult. Linda Katz

and Chris Robinson developed a risk assessment matrix to help caseworkers identify families who, due to the severity of their conditions, are unlikely to be reunified. The matrix identifies different categories of family conditions and describes the services appropriate for families with those conditions. Rather than releasing agencies from their responsibility to serve families with complex problems, the matrix enables caseworkers to more accurately identify those families and to provide intensive, targeted services.

Throughout this process, caseworkers consult with attorneys in the design and implementation of the case plan. The agency must ensure that outreach and services are provided and that time limits are met. Workers and attorneys meticulously document all aspects of the case to prove that the necessary steps have been taken. At six months, LSS workers evaluate the status of the case to determine future action. If the parents visit the child regularly, take full advantage of rehabilitative services, and make meaningful progress, their child will be returned home. If they do not, caseworkers will pursue the alternative plan.

Funding

The program is supported through both private and public sources, and the total budget is $350,000. Major funders include:

- Washington Division of Children and Family Services (DCFS)
- United Way
- Stuart Foundations
- W.K. Kellogg Foundation

While funding has remained stable since the program's inception, it needs to grow in the coming years to support increasing costs. This legislative session, LSS is working hard to get the private agency fee – the per placement fee the public agency pays to private agencies – substantially increased.

Outcomes/Evaluation

LSS defines program success as permanent placement of the child – either family reunification, kinship care, or adoption. From 1988 to 1996, the program has completed 92 cases. The average length of time from intake to reunification or termination of parental rights is 9.6 months, and 92 percent of children have had only one placement while in care. Roughly 15 percent of children have returned home and 84.5 percent were adopted by their foster parents. In 57 percent of cases where children were adopted, birth parents voluntarily relinquished their rights. In the other 43 percent, parental rights were terminated by the court.

Staff report that the program has been extremely cost-effective. While the average length of stay for children in foster care in the state is over two years, the length of stay for children in the concurrent planning program is closer to nine months. Decreased lengths of stay result in significant cost savings for the state.

Replication

The following statewide changes have contributed to the establishment of concurrent planning in Washington's social service community:

- Since 1988, advanced child welfare training for DCFS staff has been provided based on a central theme of concurrent planning.
- In 1994, Washington's legislature passed a bill that changed the state's dependency statute to include "an alternative plan" as an appropriate addition to the required "permanent plan" workers must have in place. This change clarified the legality of dual track case planning.
- Since 1995, the DCFS practice manual has explicitly accepted concurrent plans. The manual reiterates statute language permitting dual track planning, and encourages workers to follow the law.
- Concurrent planning methods became part of the core curriculum mandated for all new DCFS workers in 1995.

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- The University of Washington School of Social Work now offers a graduate level permanency methods course focusing on concurrent planning.
- Several regions of the state will have newly developed DCFS foster-adoption programs by the end of 1996.

Since 1994, other states have shown increased interest in the approach and have solicited help from its architects. In response, LSS staff have conducted concurrent planning trainings for public (and sometimes private) agency workers in California, Colorado, Hawaii, Kansas, Montana, North Dakota, Oregon, South Dakota, Utah, England, and Scotland.

LSS has produced three practice guides to aid social workers and legal practitioners in permanency planning:

- *Concurrent Planning: From Permanency Planning to Permanency Action* explains to social workers how they can work toward reunification while, at the same time, develop an alternative plan for each child.
- *Courtwise: Making Optimal Use of the Legal Process to Insure Early Permanence for Children* helps social workers and legal practitioners to understand each other and their respective roles, enabling both to work more closely for the benefit of the child in need.
- *Preparing Permanency Planning Foster Parents: A Foster Parent Training Manual* gives social workers the tools they need to guide prospective foster parents through the permanency planning process.

In addition, Linda Katz and Chris Robinson developed a matrix to help caseworkers identify families who, due to the severity of their conditions, are unlikely to be reunified. The matrix identifies different categories of family conditions and describes services appropriate for families with those conditions.

All materials can be obtained from LSS.

Observations

Staff have learned a great deal from their experiences. Two critical findings may allay potential concerns of those interested in replicating the model:

- It is not that difficult to find families interested in serving as foster-adoptive resources.
- Judges are not having a problem with the presence of a back-up plan – a potential permanent adoptive or relative family.

LSS would like to increase the number of staff of color and to recruit more families of color to serve as foster-adoptive resources.

Massachusetts Department of Social Services (MA DSS) Guardianship

Contact:
Nancy Rodriguez, Subsidy Administrator

Address:
24 Farnsworth St.
Boston, MA 02210

Phone/Fax:
617.727.0900 / 617.261.7435

Annual Budget:
Roughly $9.8 million

Structure:
State

Dates of Operation:
1984 – present

Overview:
Massachusetts sponsors guardianship for children in foster care who are unlikely to return to their parents and who, for whatever reason, are not candidates for adoption.

Philosophy and Goals

The Massachusetts Department of Social Services (MA DSS) is committed to providing permanent homes for all children in its care and custody. When a child is unable to return home and adoption is not possible, guardianship is believed to provide a more stable and positive environment than foster care.

History and Origins

Between 1982 and 1983, MA DSS staff realized that the number of older children in their foster care system was increasing. Foster care was becoming home for far too many older adolescents. In an attempt to find a more permanent arrangement for these children, MA DSS developed a new guardianship policy. Developed in 1984, the policy reads:

> The Department is committed to establishing permanent placements for all children in its care and custody. Pursuant to this commitment, the Department may sponsor a guardianship for selected children. The children selected will be those who are not likely to return to their parents and who, for whatever reason, are not candidates for adoption.

Participants

MA DSS will consider guardianship for children in its care or custody that meet the following criteria:

- ❒ The child will not be able to return to his or her biological parents. This determination is made by MA DSS based upon the history of the case and the clinical judgment of the department social work staff.

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- In the judgment of MA DSS, there is no reasonable likelihood that the child will be adopted. This determination may be made by the department, when, for example, the child is unwilling to be adopted, or when in the clinical judgment of the department social work staff, adoption would not be in the child's best interests.
- The child has resided with the potential guardians for at least one year. This requirement may be waived if it is determined by MA DSS to be in the best interests of the child.
- The child is at least 12 years old. This requirement may be waived if it is determined by the department to be in the best interests of the child (for example, to keep siblings together). This requirement is also waived for children placed with relatives.

In 1994, 404 children received guardians. Roughly the same number of girls and boys were placed. Sixty percent of these children were under 12 years old. Most of the children fell into two categories – 52 percent were part of sibling groups and 54 percent were placed with relatives. Children who received guardianships spent a median time of 3.4 years in care before being placed. Of the 148 children who were in placement for over four years, roughly half were under age 12 and half adolescents.

Of the 404, 39 percent were Caucasian, 38 percent African American, 16 percent Latino, 4 percent other, and 3 percent unspecified. From 1993 to 1994, guardianships rose 48 percent for African American children, increased 28 percent for Latino children, and dropped 2 percent for Caucasian children.

Community Involvement

Input from both the foster care and adoption communities was solicited as the guardianship program was being developed. Specifically, representatives from the Massachusetts Association of Professional Foster Care and the Open Door Society were invited to planning meetings and involved in policy development.

Cultural Competence

While initially guardianship was sparked by the increasing numbers of older children in foster care, the program also benefits kinship caregivers. A number of kin providers in Massachusetts are reluctant to adopt their relative children. While some claim that adoption is not necessary since they are already a family, others fear that adoption would cause conflict in their relationships with the child's birth family. Massachusetts responded to this issue by changing the eligibility criteria for children placed in kinship guardianship homes – there is no minimum age requirement and no minimum length of time the child must have lived in the potential guardian's home.

Administration

The social worker assesses each case to determine the most appropriate permanent plan for the child in care. If the child fits the participant eligibility criteria noted above, the social worker may pursue guardianship. He or she then reports this assessment to the supervisor. If the supervisor agrees that guardianship is an appropriate plan, both the area manager and the area director for the region are consulted. If the department approves of the plan, the social worker meets with the child and potential guardian and then contacts the child's birth parents.

The social worker, supervisor, area director, family resource social worker, adoption worker, attorney, and subsidy administrator are all involved in the process of finalizing a guardianship. All subsidies must be approved before the guardianship is finalized.

Staff

Guardianships may be pursued by social workers in six regions of the state. No recruitment is necessary as guardianship placements typically evolve from kin relationships or long-term family foster care placements.

The adoption and guardianship subsidy staff consists of:

- ❒ 1 subsidy administrator
- ❒ 1 assistant subsidy administrator
- ❒ 1 data entry operator

All staff members are full-time employees with benefits. Staff process roughly 8,000 subsidy cases a year, about 1,700 of which are guardianship subsidies.

Features

Guardian Placement Criteria:

- ❒ The birth parents are unwilling or unable to provide adequate care for the child.
- ❒ The child is at least 12 years old and after careful consideration will not agree to adoption.
- ❒ The child is part of a sibling group for whom guardianship is considered to be the best option.
- ❒ The child has an ongoing relationship with his/her family but cannot return home.
- ❒ After careful appraisal of a return home and adoption, guardianship is determined to be the best possible goal.
- ❒ The child has been living with the potential guardian for a minimum of one year.

Legal Issues:

- ❒ Unless the child has been freed for adoption under chapter 210 of the Massachusetts General Law, the birth parents must consent to the guardianship.
- ❒ The child – if over the age of 12 – and the guardian must consent to the guardianship.
- ❒ Unlike adoption, guardianship is not truly permanent. Parents may contest the guardianship in court at any time to prove that they are now able to resume custody of the child.
- ❒ The proposed guardian must have a DSS approved home study if the child is in the care and custody of the department.

Financial Issues/Subsidy:

- ❒ After guardianship is established, the child is still eligible to receive Veterans, social security, and other benefits based on parental claim. If the child is receiving payments from any third party, however, then the department will provide support payments and medical assistance only to the extent that it would raise the total support from all sources to the amount the child would be receiving if he/she had remained in foster care. The subsidy must be approved before the guardianship is completed and is reviewed annually.
- ❒ After guardianship, the child may still inherit through the parents.
- ❒ The guardian is under no obligation to support the child from his or her personal funds.

Follow-up Services:

- ❒ Department involvement is usually terminated six weeks after the guardianship is approved.
- ❒ Parents are advised that after guardianship has been allowed, all further contact between birth parent and child must be arranged through the guardian.
- ❒ Department supportive services are available upon request by the guardian or the child through the area office where the child and the guardian reside.
- ❒ The court provides instructions and offers advice to the guardian when certain decisions are considered too important to make without approval of the court or are too painful and unusual.

Funding

Guardianship subsidies are funded by the State of Massachusetts through the MA DSS. The subsidy unit has a $49 million budget, approximately $9.8 of which is used for guardianship placements.

Outcomes/Evaluation

During FY'94, 404 guardianships were finalized, the highest number of guardianships granted since the program began in 1984. As discussed earlier, roughly half of the children placed were under the age of 12 and half adolescents. Fifty-four percent of guardianship placements were made with kin. Seventy-two percent of the guardianships granted were subsidized. This was a 26 percent increase over FY'93.

Although no formal accounting has been done, DSS staff report that subsidized guardianship results in significant cost savings for the state. Even with a guardianship subsidy equal to the foster care rate and the continued provision of Medicaid coverage, the state saves money through decreased foster care administrative costs. Children also benefit as guardianship, though not as permanent as adoption, provides more stability than long-term foster care and removes the stigma of being a foster child.

Replication

Subsidized guardianship programs currently exist in a number of states such as Alaska, California, New Mexico, South Dakota, and Washington, although all have distinct eligibility criteria and subsidy rates. Many states are still leery of instituting subsidized guardianship programs because the federal government provides no reimbursement for payments made to guardians.

Delaware and Illinois recently received Title IV-E waivers from the U.S. Department of Health and Human Services (DHHS) allowing them to use federal IV-E dollars to subsidize guardians. Allowing IV-E funds to be used for guardian reimbursement provides a greater incentive for states to support guardianship. DHHS is closely monitoring the success of these programs to determine whether to expand federal funding flexibility in the future.

Observations

While funding for the guardianship program has not yet been contested, staff are concerned that the state may grow leery of increasing funding for the program as subsidized guardianship placements grow. In addition, although guardians are eligible for Medicaid coverage in Massachusetts, if they move to another state that coverage is discontinued. Allowing IV-E funds to be used for guardian reimbursement would help Massachusetts address both these issues.

Staff also wish they had more time to conduct training and produce educational materials to help workers and guardians understand the various components of guardianship better.

Minnesota Human Service Associates (MHSA)
Whole Family Placement

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Jean Comish, Program Director

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St. Paul, MN 55104

Phone/Fax:
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Annual Budget:
$295,400

Structure:
Nonprofit

Dates of Operation:
1990 – present

Overview:
The Whole Family Placement program is designed to place entire families – parents and children – with host families who are trained to guide them through the transition into independent living.

Philosophy and Goals

Whole Family Placement emphasizes the importance of keeping families together while working on a case plan. Families participate in decision-making and establishing personal goals. Family continuity – keeping families together as a unit – enriches families, involving them directly in the treatment process.

History and Origins

In the late 1980s, Minnesota Human Service Associates (MHSA) operated a transitional housing program, placing homeless families with other families. The program was funded for one year through Comic Relief and for the next two years through a grant from the U.S. Department of Housing and Urban Development (HUD). The HUD grant required a 25 percent match of funding, which MHSA obtained by taking referrals from child welfare agencies that paid for foster care placements. In August 1990, MHSA staff decided not to continue their program with HUD, and began to serve only families referred by public child welfare agencies. With this shift in focus, MHSA staff created the country's first Whole Family Placement program.

Participants

Families are referred to MHSA by county child welfare agencies. They tend to be those families for whom reunification is a reasonable option, or those in which the parents need to make a decision about whether they can continue to parent their children.

The ethnic background of program participants has been as follows:

- 35 Caucasian
- 13 African American

- ❒ 8 American Indian
- ❒ 2 Asian
- ❒ 1 Latino

Community Involvement

The care providers serve as the family's link to the community. All families benefit from various community resources as determined by their individual needs, including parenting, mental health, housing, education, and job training services.

Cultural Competence

A dedication to diversity and community building is the cornerstone of MHSA programs. Whenever possible, families are placed with care providers of the same race. In 90 percent of cases, African American families are placed with African American care providers.

Social workers and care providers are trained to be sensitive to the particular issues confronting each family. MHSA carefully assigns social workers to families based on their potential for a successful relationship.

Administration

Human Service Associates is a licensed child placing agency with programs in South Carolina, Texas, and Minnesota. MHSA is a team-based organization with each team having authority over a specific issue. Each placed family is served by a team consisting of MHSA's caseworker, the county social worker, and the caregiving family. The team meets monthly or quarterly to review the case.

Staff

Overall, MHSA employs 17 licensed social workers, a program director, two program supervisors, and four office personnel. All are salaried and receive benefits. There are two and a half full-time equivalent staff in Whole Family Placement, with one staff member working with up to eight families.

MHSA contracts with the care providers and pays them for their services at a flat rate for each person in the placed family.

Features

Whole Family Placement brings entire families into foster care, where care providers (or host families) guide them toward more stable and self-reliant environments. Families are referred to MHSA through county and state social service departments, mental health case managers and service coordinators, and child welfare advocates.

In an effort to ensure a good relationship, the referred families meet with host families before placement and both parties must agree to the placement. Families live with their care providers for an average of six months, with a range of one to 23 months, during which the family addresses the issues that brought them to the child welfare system.

Whole Family Placement features:

- ❒ A service team of social workers, the two families, and any other involved persons (therapists, child care providers, county workers, etc.) develop an understanding about issues to be addressed and write a placement plan outlining each team member's responsibilities.
- ❒ Families meet weekly or monthly with their social worker to review goal progress and resolve house conflicts.
- ❒ Host families serve as advocates, resources, and mentors in parenting and daily living skills. The relationship between the adults is critical to the success of the placement as well as the provision of follow-up support.
- ❒ Children benefit from the continuity of being with their parents in a safe, nurturing home setting.

The placement ends when the family has either met the placement plan goals, or the parent has decided not to continue parenting the child. If the latter occurs, the parent is encouraged to stay in the home for at least a week, preparing a life book, saying goodbye, and otherwise preparing the child for the transition. When the parent leaves, the child remains with the host family until a perma-

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nent plan has been developed. In many cases, the child remains with the host family until an adoptive family has been identified.

If the placed family meets the placement plan, MHSA staff and the host family will continue to work with the family for up to three months, helping them with job hunting, respite care, and other necessary services.

Funding

MHSA is paid a flat rate by the county for each person they serve (adults and children). The funds come from Title IV-E, county and state child welfare funds, local taxes, AFDC, Medicaid, SSI, and Emergency Assistance.

Outcomes/Evaluation

A total of 82 families participated in Whole Family Placement from 1992 through 1996. Of these families:

- ❒ Forty-one families moved on as a family unit to independent housing after program completion. Of these 41 families, there have been no new reports of child abuse or neglect.
- ❒ Eleven parents decided they were unable to continue in their parenting role. Their children have achieved permanency through open adoption or kinship care.
- ❒ Sixteen parents left placement before program completion. Their children remained in foster care until alternative plans could be made.
- ❒ Fourteen families were still in placement.

MHSA staff have found that less successful placements are due either to a poor match with the host family or an inappropriate referral.

The magnitude of this program's impact is difficult to quantify. Whole Family Placement breaks the cycle of dysfunction in families by teaching children how to live in families and teaching parents how to parent. There are lasting effects on the families involved and on society in general.

Replication

MHSA designed Whole Family Placement by combining the best of foster care and family preservation programs. New whole family placement programs are now in development in Colorado, New York, and California.

Materials Available

MHSA staff have brochures, an article published in *Child Welfare*, and news media stories about Whole Family Placement that they will share with others.

In addition, a national group of child welfare leaders met a few years ago to provide input on whole family placement (also known as shared family care). The resulting manual – *Shared Family Care Program Guidelines* by Amy Price and Richard Barth – is available from the National Abandoned Infants Assistance Resource Center, 1950 Addison Street, Suite 104, Berkeley, CA 94704-1182; 510.643.8383.

Observations

Program staff believe that it is important to continue training and finding good matches for families. In addition, financial resources must be sustained and increased to meet demands.

National Court Appointed Special Advocate (CASA) Association

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206.270.0072 / 206.270.0078

Annual Budget:
$6.3 million

Structure:
Nonprofit

Dates of Operation:
1983 – present

Overview:
The National CASA Association provides a national focus for individual CASA programs, promotes the CASA concept, provides technical assistance to programs, and support with volunteer recruitment, fundraising, and public awareness outreach.

Philosophy and Goals

The CASA concept is based on the belief that every child has the right to a safe, permanent home. CASA is a nationwide, volunteer-driven organization committed to advocating on behalf of abused and neglected children in juvenile and family court. The National CASA Association provides technical assistance and support to state organizations and local programs.

History and Origins

The CASA model was developed in Seattle, Washington in 1977. To ensure he was getting all the facts and that the long-term welfare of each child was being represented, Seattle Superior Court Judge David Soukup came up with the idea of using trained community volunteers to speak for the interests of abused and neglected children in court.

CASA's architects were soon invited to speak to judges around the country. Because of the interest generated by their efforts, almost 100 new CASA programs were developed around the country by the early 1980s. By 1983, it became clear that a national association was needed to provide direction and assistance to local organizations, and thus the National CASA Association was formed. Today, there are over 678 local programs in all 50 states, the District of Columbia, and the U.S. Virgin Islands. There are also 42 state organizations.

Participants

The National CASA Association provides technical assistance to all local and state organizations.

Local CASA programs are designed to advocate on behalf of all neglected and abused children in juvenile courts. Some courts appoint volunteers to intra-family custody disputes as well, although this is not strongly encouraged by the national association.

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Community Involvement

CASA began as a grassroots, community organization. The program continues to rely on citizen involvement in helping to address social problems that exist in everyone's community. In 1978, the National Center of State Courts selected CASA as the "best national example of citizen participation in the juvenile justice system." In addition, many local and state programs receive donations from community businesses, civic organizations, and individual donors.

Cultural Competence

Both the board and staff of the National CASA Association are culturally diverse. In addition, the national association encourages cultural competence in all local CASA organizations. National CASA standards require programs to recruit volunteers that reflect the ethnic backgrounds of the children served and ensure that volunteers are culturally competent. The national training curriculum includes a lengthy module on cultural competence, and local organizations are encouraged to dedicate a significant portion of the 12 hours of required volunteer training to developing knowledge of other cultures.

Local programs employ a number of strategies for recruiting volunteers from communities of color. Staff conduct outreach on American Indian reservations and in African American churches. They have also attempted to connect with local business and community leaders and form alliances with organizations in communities of color. Staff are strongly encouraged to get involved in neighborhood organizations and activities in order to form lasting relationships.

Administration

CASA is a membership association. Each local CASA program is autonomous and is not required to report to the national association. They are, however, asked to complete program surveys from time to time. In order to receive grants from the National Association, local programs must be in compliance with national standards.

National staff communicate with state and local programs in a number of ways. Printed materials, including issues of *The Connection* and *Feedback* and legislative alerts, are periodically distributed. In addition, 40 percent of programs are on-line and communicate with national staff through e-mail.

Staff

The national association employs 16 full-time and three part-time staff members.

On average, most local programs have 1.5 staff – a director and one part-time volunteer coordinator. There are a total of 39,400 CASA volunteers nationwide. The median number of volunteers per program is 36, however, the range varies widely – two programs have over 1,000 volunteers each, while one has only two.

CASA volunteers are ordinary citizens. No special or legal background is required. Volunteers are screened closely for objectivity, competence, and commitment. Once accepted, volunteers are trained in courtroom procedure, social services, the juvenile justice system, cultural competency, and the special needs of abused and neglected children.

Features

In jurisdictions that have developed CASA programs, the juvenile or family court judge appoints a volunteer each time a case involving a child is received. The volunteer then becomes an official part of the judicial proceedings, working closely with attorneys and social workers as an appointed officer of the court. Unlike attorneys and social workers, however, the CASA volunteer speaks exclusively for the child's best interests.

The CASA volunteer has three main responsibilities:

- ❒ Serve as a fact-finder for the judge by thoroughly researching the background of each assigned case.
- ❒ Speak for the child in the courtroom, representing the child's best interests.
- ❒ Continue to act as a watchdog for the child for the duration of the case, ensuring that it is brought to a swift and appropriate conclusion.

Handling only one or two cases at a time (well below a public agency caseworker's average load of 60-90), the CASA volunteer has the time to get to know the child and thoroughly explore the facts in each case.

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Funding

The National CASA Association relies primarily on federal funding but also receives foundation grants and individual donations. The annual budget is $6.3 million, $5 million of which is disseminated through the organization's grant program.

In-kind resources are a valuable source of support for local CASA programs. These resources can include donated office space, printing, and equipment. In addition to grants available from the national association, funding is provided through a number of public and private sources including:

- Interest on Lawyer's Trust Accounts (IOLTA)
- Children's Justice Act dollars
- Victims of Crime Act dollars
- Courts
- Kappa Alpha Theta sorority fundraisers
- Civic groups
- Individual donors
- Special events

Outcomes/Evaluation

CASA programs have been evaluated on both a national and a local scale. Two recent research studies have documented that the involvement of a CASA volunteer increases the likelihood that a child will find an adoptive home. In the first study, Professor John Poetner and Allan Press of the University of Kansas compared the use of CASAs to staff attorneys in representing a child's best interests. The cases in which there was a CASA volunteer involved resulted in 15 percent more children being placed in adoptive homes than those with an attorney.

A second study looked at the use of CASAs with children of color. Dr. Shareen Abramson, in her research summary, notes that the cases with volunteer involvement "resulted in significantly fewer children being placed in long-term foster care and significantly more children being placed in adoptive families."

Replication

As noted above, the CASA model has been replicated in all 50 states, the District of Columbia, and the U.S. Virgin Islands. Local programs vary in size and scope from jurisdiction to jurisdiction. New CASA programs are still being developed at a rate of roughly two a month. National CASA staff continue to present at conferences and educate judges about the model. For the last several years, staff have been working to educate tribal courts, resulting in the development of 10 new tribal court programs to date.

Staff in the national office receive several calls a week from individuals interested in developing programs. Callers are provided with a start-up packet and given advice and assistance.

Materials Available

CASA has a lengthy list of available publications. Current information and events; CASA nuts and bolts; and a comprehensive library of journals, books, and other materials relating to child welfare and advocacy can be accessed through CASA's new Web site (http://www.casanet.org).

Observations

National staff report that the number of individuals who want to be CASA volunteers and who remain committed is truly exciting. In addition, several positive developments have occurred over the last few years:

- Local and state programs are becoming more and more involved in legislative advocacy and systems change efforts.
- CASA representatives in 27 states have been involved in the Court Improvement Project, which is a federally funded program designed to help state courts better manage cases involving child abuse and neglect.
- Local programs are seeking ways to collaborate with other agencies to address the number of at-risk children who are not being removed from their homes due to foster care placement shortages.

Despite these efforts, the 145,000 children served by CASA programs last year represent only a third of the children in this country who need an advocate. There is a pressing need to recruit more volunteers so that every child in care can have a voice in court.

New York Council on Adoptable Children (NY COAC)
AIDS Orphans Adoption Program

Contact:
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Phone/Fax:
212.475.0222 / 212.475.1972

Annual Budget:
$166,233

Structure:
Nonprofit

Dates of Operation:
1993 – present

Overview:
This program is designed to assist parents terminally ill with AIDS to plan for the future care of their children.

Philosophy and Goals

The AIDS Orphans Adoption Program is designed to assist parents terminally ill with AIDS to plan for the future care of their children and avoid having their children placed into foster care.

History and Origins

The New York Council on Adoptable Children (NY COAC) is well known for its expertise in recruiting African American and Latino families as adoptive parents. Staff have become aware of the increasing numbers of African American and Latino AIDS orphans entering the foster care system. By the end of the decade, it is estimated that 50,000 children will be orphaned by AIDS in New York City.

Participants

The program focuses its efforts on parents terminally ill with AIDS and their children. As of January 1997, program staff worked with 140 parents and their 269 children. Of the parents, 125 were female and 15 male single-parent households. Sixty-two percent were Latino, 31 percent African American, and 7 percent Caucasian. Of the 269 children, 251 are HIV negative, 17 are HIV positive, and one child's status is unknown. The age range of children served is as follows: 91 are six years old or younger; 124 are between the ages of seven and 12, and the remaining 54 children are between 13 and 16 years of age.

Community Involvement

The AIDS Orphans Adoption Program has an advisory board comprised of HIV positive individuals and others who work with the AIDS community. The board meets bimonthly to strategize the most effective ways to serve this community.

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The program conducts community outreach through street fairs, churches, public service announcements, advertising, and involvement in HIV and other care networks. Referrals to the program come from hospitals, social service agencies, legal aid, and other HIV organizations. NY COAC has an informal referral agreement with 10 other local organizations.

Cultural Competence

Well known for its expertise in recruiting African American and Latino families as adoptive parents, NY COAC's staff is culturally diverse and is representative of the population served. Ongoing training in sensitivity to cultural issues is also strongly encouraged.

Administration

The program director reports directly to the NY COAC executive director. The NY COAC team holds weekly meetings at which the matches made by the family care coordinator between prospective parents and children needing homes are reviewed.

Staff

The program staff consists of:

- 1 program director
- 2 family care coordinators
- 1 attorney
- 2 interns

All staff (except interns) are full-time employees with benefits.

Features

The AIDS Orphans Adoption Program features a specialized legal and social service team who work with parents terminally ill with AIDS to help them create a permanency plan for their children.

At intake, a family care coordinator takes a family history and tries to ascertain the parent's goals for the child's future. NY COAC's attorney then discusses the options available for permanency planning – different types of guardianship – and emphasizes the necessity of financial planning. The attorney also helps the parent draw up a will and the appropriate custody documents.

The prospective adoptive family will have an interview with a family care coordinator. The family is then assigned to a prospective home study consultant – a certified social worker who acts as an independent consultant to NY COAC. Often families have been pre-matched and use NY COAC's assistance to achieve their goal in the court system. If all goes well with a match, the process moves forward. Post-placement psychological counseling and bereavement counseling are available for children and adults.

Funding

Major program funders include:

- Medical Health Research Association (Ryan White)
- New York Community Trust
- New York City AIDS Fund

Outcomes/Evaluation

The program conducts an internal evaluation and is monitored by the Medical Health Research Association of New York City.

Success is defined as preventing children whose parents die of HIV/AIDS-related causes from entering the foster care system. There were 38 guardianships/standby guardianships filed by NY COAC during 1996.

Replication

Several components are noteworthy for those interested in developing a similar program. NY COAC does not require proof of a child's HIV status as a condition for entering the program. NY COAC, however, is unable to accept children where there is a custody problem (i.e., a biological father seeking to take custody from a biological mother) and therefore does require that the family have no legal action pending with regard to that child.

New York's standby guardianship statute, enacted in 1992, has contributed to the success of the AIDS Orphans Adoption Program. The standby guardianship law allows terminally ill parents to make permanent arrangements that will take effect when they can no longer care for their children. Without standby guardianship, a terminally ill parent would have to give up his or her parental rights prior to death or name a guardian in his or her will. In the latter case, the child's custody remains in limbo until the will has been probated and even then a parent's choice may be rejected.

Materials Available

NY COAC has developed two helpful manuals:

- *"Who Will Take Care of Me?" A manual for parents with HIV/AIDS* (available in Spanish)
- *"Who Will Take Care of Me?" A manual for professionals working with children whose parents have HIV/AIDS*

NY COAC will soon have in print *Guides to Standby Guardianship Proceedings*, which have been developed in conjunction with family courts of various boroughs to help agencies and attorneys understand the standby guardianship process. The guide includes examples of forms and discusses necessary court appearances and other legal aspects of the process.

Observations

In the future, NY COAC would like to expand counseling for HIV-affected families and adoptive families. NY COAC may also consider expanding its program to include individuals with terminal illnesses other than AIDS.

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Philadelphia Society for Services to Children (PSSC)
KIDS 'n' KIN Program

Contact:
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Philadelphia, PA 19146

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Annual Budget:
$175,000

Structure:
Public-Private Partnership

Dates of Operation:
1992 – present

Overview:
The KIDS 'n' KIN Program supports relative caregivers as they struggle to find community resources and to keep the children in their care out of the foster care system.

Philosophy and Goals

KIDS 'n' KIN is designed to decrease the risk of institutional placement and the likelihood of entering the foster care system by:

- ❒ Maintaining the child with relatives and preventing the use of foster care
- ❒ Assisting family members with necessary services and benefits
- ❒ Clarifying and redefining family relationships

History and Origins

In the late 1980s, the Philadelphia Society for Services to Children (PSSC) staff began to receive requests for support from families led by relative caregivers. In 1990, PSSC began a 15-month demonstration project to keep kids with developmental disabilities out of foster care. Through this demonstration, staff developed a program model, which they now use with kinship care families.

Participants

The target population is relative caregiving families who:

- ❒ Reside in Philadelphia
- ❒ Are known to the Philadelphia Department of Human Services (DHS) but for whom there is no current evidence of gross neglect or abuse on the part of the relative caregiver
- ❒ Have one child under the age of 10
- ❒ Maintain custody of the child or have been recommended to assume custody

- ❒ Are not paid kinship care families on the public Children and Youth rolls
- ❒ Are willing to participate in the program

From December 1992 through August 1995, the families served were 93 percent African American, 6 percent biracial, and 1 percent Caucasian. The children were 56 percent male and 44 percent female. Twenty-two percent were under the age of five, and 45 percent from five to 11.

Community Involvement

The program has a number of links with the community. During the demonstration project, KIDS 'n' KIN staff conducted community workshops with caregivers and agencies and at local churches. In addition, they distributed 2,000 copies of a handbook about the program throughout the community.

KIDS 'n' KIN staff also refer the relative caregivers to local community support groups. This relationship is reciprocal as well – local support groups often refer their members to the KIDS 'n' KIN program.

Cultural Competence

Program staff may receive a wide variety of training – from issues facing intergenerational families, to ways of working with different types of families, to cultural competency training. Much of the training is made possible through a connection with a local training consortium. The program's intake process deals specifically with cultural issues that may arise during a family's time with the program.

The staff is diverse, both in gender and in race and ethnic background.

Administration

The KIDS 'n' KIN program is conducted in partnership with the Philadelphia Department of Human Services (DHS). Most referrals are made by DHS case managers, although a small number come from other sources. (These other referrals are funded through a United Way grant.)

The program is a collaborative effort between PSSC and the Support Center for Child Advocates (SCCA). SCCA staff provide case management and pro bono legal work when necessary. Each month, KIDS 'n' KIN staff hold team meetings with the lawyer, therapist, social workers, or other professionals involved in a particular case.

Staff

The staff consists of:

- ❒ 2 supervisors, both with master's degrees in social work
- ❒ 5 social worker 1s, with bachelor's degrees
- ❒ 2 social worker 2s, with master's degrees in social work
- ❒ 1 program supervisor, with a master's degree in social work

All staff members are full-time employees with benefits.

In addition, PSSC contracts with a therapist (who has a doctorate in social work), at an hourly rate, when a family needs this service.

Features

As a collaboration of PSSC and SCCA, KIDS 'n' KIN consists of family support services from PSSC, legal assistance from SCCA, and family therapy from a local therapist.

The family support services are delivered in the relative caregiver's home and are designed to introduce the family to medical, legal, therapeutic, educational, and financial resources available within the community.

Legal assistance is designed to address issues of custody or adoption and to remove obstacles in the legal system and the Philadelphia Court. In addition, SCCA staff help families access entitlements such as Social Security Insurance, medical insurance, and special educational services designed to keep the child in this kinship family placement.

The therapeutic component helps children address the emotional and physical scars they may have from their early experiences. The family therapist helps the child and the relative caregiver redefine a realistic and productive relationship with the birth parents, which allows for the child's healthy growth and development.

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KIDS 'n' KIN staff also work with the relative caregivers on planning for the future, such as wills and permanent custody.

In addition to the primary program described above, KIDS 'n' KIN operates a prison program for mothers in the state prison. Begun in 1993, this effort provides the same services but adds six trips per year during which the families can visit with the imprisoned mother and work out family issues. This program includes a peer support group for children ages 12 to 15 whose mothers are incarcerated.

Funding

From November 1992 through October 1995, the program was funded by a grant from the Pennsylvania Department of Public Welfare. Since that time, the Philadelphia Department of Human Services has funded the program through a city grant (not part of the child welfare budget) of $110,000. The $65,000 prison program for mothers has been funded by private foundations.

Outcomes/Evaluation

From its inception to November 1994, the program served 108 children in 43 families. Of these children, 101 have been stabilized in their living arrangements with relative caregivers, avoiding entry into the foster care system. The custody of 96 of the children remains with the biological family, avoiding entry into DHS paid kinship rolls. In addition, 68 of the children's cases have been closed by DHS workers.

From November 1994 to November 1995, 96 percent of the families were stabilized with their caregiving relative and 74 percent closed their DHS files.

KIDS 'n' KIN staff use three specific evaluation tools: a risk assessment, a goal attainment scale, and a family satisfaction survey. The risk assessment, designed to measure the family's risk for abuse or neglect, is filled out at intake, after the first family visit, after one month of services, at six months (if the family is still with the program), and at case closure. At this time, staff have not analyzed the risk assessment findings.

The family and staff use the goal attainment scale to track the family's progress toward agreed upon goals. The scale is scored at the time of referral, every quarter, and at termination. For fiscal year 1995-96, KIDS 'n' KIN served 33 families, of which 23 used the goal attainment scale. (Those families in the program for less than four to six weeks do not use the scale.) By the end of the fiscal year, 17 cases had closed while six remained open. The families had achieved 68 goals at the +2 level (the best possible outcome), 18 at the +1 level (better than expected outcome), 25 at the 0 level (the expected outcome), and five at worse than expected outcomes.

At the time of case termination, KIDS 'n' KIN staff conduct a family satisfaction survey, which is filled out with social workers and returned in a sealed envelope. Of the 17 closed cases in the most recent fiscal year, 13 families responded. Of the questions soliciting the response "very helpful," "helpful," "not helpful," or "did not cover," the respondents gave no "not helpful" responses, with 64 percent of responses as "very helpful," 25 percent as "helpful," and 11 percent "did not cover."

Six months after case closure, staff contact the family to update the goal attainment scale and the risk assessment. This evaluation is in process and it is too early to report results.

Replication

Program staff believe this effort could be replicated elsewhere, but it has not been at this time.

Materials Available

PSSC staff have produced a handbook for relative caregivers, identifying resources in the Philadelphia area. This book explains how to get AFDC, SSI, as well as types of custody and DHS involvement.

Social Services Agency, Department of Family and Children's Services (DFCS)
Santa Clara County Family Conference Model

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Annual Budget:
N/A

Structure:
County

Dates of Operation:
June 1996 – present

Overview:
Santa Clara County's Family Conference Model is designed to improve the care and protection of children known to the Department of Family and Children's Services (DFCS) by building alliances between the family, the community, and government.

Philosophy and Goals

Santa Clara County's Family Conference Model is based on the belief that the best care and protection for children can be achieved when the positive forces and strengths of families are aligned with community and agency support systems. An alliance is built between the family, the community, and government agencies that provides support for the family and facilitates the family's participation in decision-making regarding the safety, care, and protection of children.

The objectives of the Family Conference Model are to:

- ❒ Generate better results for children by enabling families to have greater self-determination.
- ❒ Identify and tap resources within family systems.
- ❒ Demonstrate greater respect for families.
- ❒ Coalesce families who are unable to do so by themselves.
- ❒ Minimize social isolation.
- ❒ Strengthen families.
- ❒ Reduce trauma to children from custody decisions that occur when parents and families are unable to advocate for themselves.
- ❒ Relinquish power to families while also empowering social workers as they become better able to help families demonstrate their strengths, protect children, and maintain unity.

- ❒ Provide more and better alternatives, thereby lessening social worker burnout resulting from numerous decisions that must be made when no option seems desirable.
- ❒ Allow customization of services to families.
- ❒ Move child welfare practice toward a design of services by families rather than practitioners.
- ❒ Improve the overall image of the child welfare system with the community.
- ❒ Decrease recidivism.
- ❒ Reduce expenditure of foster care resources.

History and Origins

Santa Clara County, like many others around the country, has experienced a significant increase in the size of its foster care population in recent years. Recognizing that removing children from their parents, families, and neighborhoods can be as harmful as the maltreatment they experience, the county sought an alternative to traditional practice that would empower families and divert more children from the child welfare system.

In the fall of 1995, John Oppenheim, Social Services Agency Deputy Director and Director of the Department of Family and Children's Services (DFCS), and The Honorable Leonard Edwards, Superior Court Judge, began discussing the merits of family decision-making models implemented in New Zealand and Oregon. Representatives from these sites came to Santa Clara County to discuss their experiences. Excited by the success of these models, Oppenheim and Edwards initiated the development of a family decision-making model in their county. The first family conferences were convened in Santa Clara County in June 1996. With solid support from child welfare leaders, this innovative practice has rapidly taken hold.

Participants

Family conferences are designed to improve the care and protection of all children known to Child Protective Services.

Specifically, family conferences should be considered:

- ❒ After the initial investigation or assessment is completed, and there is reasonable cause to believe that the child is in need of care and protection;
- ❒ When out-of-home placement or reunification is being considered;
- ❒ Anytime it would benefit the family to gather their relatives with community members and DFCS staff to discuss possible outcomes for the care and protection of a child.

Social workers are strongly encouraged to consider if a conference would benefit the family and child in each case. Placement review panels and the courts also encourage the social worker and the family to consider participating in a conference.

Community Involvement

DFCS has worked with other stakeholders in the child welfare community to ensure that their input contributes to the continuing development of the Family Conference Model. In addition to judges and court personnel, these stakeholders include elected officials and policy makers; professionals in the Departments of Public Health, Mental Health, and Alcohol and Drug Services; clergy; educators; physicians; recreation specialists; police; probation officers; child legal counsel; the child advocates; foster parents; representatives of community-based organizations; and other interested parties.

Recognizing that many families interact with organizations in their communities before they ever have contact with public agencies, Family Conference staff are currently working to educate community-based organizations about the value of the Family Conference Model and encourage its use. School-Linked Services, another county organization, is very interested in using the model in their agency. DFCS is sponsoring a three-day training for School-Linked Services and DFCS staff to learn more about facilitating a conference.

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Cultural Competence

Cultural competency is critical to the success of a family conference. Training in cultural competency is mandated for all county employees. In addition, the county is currently developing a new family conference facilitator pool. Not only will all new facilitators be trained in cultural competency, they will also reflect the ethnic backgrounds of the different populations served and have a variety of language capabilities.

Administration

Jim Ramoni, Social Work Supervisor, directly oversees the Family Conference Model and supervises two staff members. He reports directly to the program manager, who reports to the director of DFCS. The director of DFCS is also the social services agency deputy director. Because the staff is so small, communication typically takes place daily on an informal basis.

Staff

The staff currently consists of:

- ❒ 1 social work supervisor
- ❒ 1 family conference facilitator
- ❒ 1 family conference specialist

All staff members are full-time. The supervisor has a master's degree in social work and is a licensed clinical social worker in the state of California. The facilitator has a master's degree in social work, and the specialist is a bachelor's-level social worker.

As noted above, the county is currently developing a new pool of facilitators. This pool will consist of social workers who have been recruited from within the agency, and have agreed to facilitate family conferences one to two times a month in addition to their regular workload.

Features

When a social worker requests a family conference, the family conference facilitator is responsible for:

- ❒ Reviewing the case and the purpose of the conference
- ❒ Setting up a conference timeline
- ❒ Identifying potential conference participants
- ❒ Determining the family's cultural and language needs
- ❒ Discussing and arranging meeting locations
- ❒ Discussing and coordinating child care, transportation, and lodging
- ❒ Discussing safety and confidentiality issues
- ❒ Ensuring that invitations have been mailed to all participants
- ❒ Providing conference supplies and refreshments
- ❒ Facilitating the conference
- ❒ Preparing a written report to be mailed to all adult conference participants

Conducting a successful family conference requires advanced skills in finding and nurturing family strengths, which can be developed to provide for the safety and well-being of the children.

The family conference has three phases:

- ❒ Phase I includes the children, birth parents, relatives, extended family members, the social worker, the facilitator, and other professionals. During this phase, the professionals provide factual information about the case to the family.
- ❒ Phase II is private family time during which the family discusses the issues presented and tries to reach a decision about what is in the best interests of the children. The facilitator is available to participate in family time *at the request of the family.*
- ❒ Phase III provides an opportunity for professionals to rejoin the family and collect their notes.

The conference can last from three to five hours. When the meeting is over, the facilitator is responsible for preparing a written report, which is forwarded to all adult conference participants. The family plan is then presented to the court, where the judge retains the ulti-

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mate authority to make changes. The social worker is responsible for coordinating any services recommended in the family plan.

Funding

The Family Conference Model is funded entirely through the county. DFCS, however, is seeking additional funding to expand the use of family decision-making and evaluate its impact on outcomes for children and families.

Outcomes/Evaluation

Because the program is so new, it has not yet been formally evaluated. Thirty-five family conferences have been conducted since June 1996. Anecdotal reports indicate that the process has benefited participants in the following ways:

- Family members feel empowered and excited about being given the opportunity to make decisions on behalf of their children.
- Families are in agreement with the case plan before they go to court, mitigating delays in the court process caused by disagreements or lack of communication between families, social workers, and attorneys.
- Social workers report that family participation in development of case plans reduces the pressure and stress of their jobs.

As noted above, DFCS is seeking additional funding to hire a consultant to design and conduct an evaluation of the model.

Replication

Santa Clara County's Family Conference was based on three existing models – Oregon's Family Unity, New Zealand's Family Group Conference, and a mediation model.

DFCS adopted different aspects of each model. For example, while professionals can be in the room throughout Family Unity meetings, New Zealand's process excludes professionals from the decision-making stage of the meeting. Santa Clara chose to base its program on the New Zealand model in this regard.

As discussed earlier, DFCS is now educating community-based organizations about the Family Conference Model in an effort to develop new programs throughout the county.

Materials Available

DFCS produces a newsletter titled *The Family Conference Gazette*. Published primarily to educate staff about the Family Conference, the newsletter contains valuable information about program objectives, procedures, and outcomes.

Family Conference, One County's Initial Thinking about the Application of the Family Conference Model, Implementation Guidelines for the Department of Family and Children's Services of the Social Services Agency for the County of Santa Clara, by John Oppenheim, is also available from DFCS.

Observations

Family Conference staff believe that the commitment of agency leaders to this new practice has been crucial to successful implementation. With so many conferences now being requested, more staff time is required to meet demand. In addition, while within the child welfare system the model is primarily being used in child protection cases, staff are also incorporating this practice into the agency's range of preventive services.

Spaulding for Children
Permanency Planning Services Center

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Annual Budget:
$3.5 million

Structure:
Nonprofit

Dates of Operation:
1968 – present

Overview:
Spaulding provides a continuum of child welfare services, including treatment foster care, adoption, and post-adoptive services. It is also the National Resource Center for Special Needs Adoption and provides consultation, technical assistance, and training to individuals and organizations.

Philosophy and Goals

Spaulding for Children provides a continuum of child welfare services, including treatment foster care, specialized adoption, and post-adoptive services.

Spaulding staff believe that permanent families are essential to the well-being and optimal development of children. They strongly believe that every child is adoptable. Therefore, the agency is committed to promoting and expediting strong and lasting relationships for children who have lost, or are at great risk of losing, their families. To that end, Spaulding is dedicated to providing innovative and quality services, as well as training and leadership practices, that empower the people it serves.

History and Origins

Until the 1960s, older children and children with disabilities were considered unadoptable by child welfare professionals and the general public. But in the latter part of this century, Peter and Joyce Forsythe, Michigan parents, sought to change those perceptions and established the Council on Adoptable Children (COAC) to fight for the right of all children to find permanent homes.

In 1968, as part of this new movement, Spaulding's Permanency Planning Services Center was created to find permanent families for children with special needs – older children, children with serious disabilities, and African American children – who were previously considered unadoptable.

Participants

The organization focuses its efforts on children who wait the longest in the system – school-aged children, sibling groups, African American youths, and children with serious disabilities.

Many of the children in treatment foster care come from residential placements or have been in care for long periods of time. Children placed for adoption through Spaulding have been in foster care an average of seven years, with an average of five placements in that time period. The majority of children served are 10 or older. Ninety percent are African American, and 60 percent are boys.

Community Involvement

The community is extensively involved in recruiting foster and adoptive parents. For example, through the Bandele Project – a collaboration between Spaulding and 11 other child welfare agencies – staff work with 12 African American churches to recruit families for children with no identified family resources.

Cultural Competence

Spaulding has developed the *Cultural Competence Curriculum in Child Welfare: Adoption* – a 10-day training curriculum that can help organizations and practitioners develop cultural competence. All staff are trained in culturally competent practice. Seventy to 75 percent of staff are African American, reflecting the population of children served.

Administration

Foster care and adoption staff are divided into two teams, each comprised of a therapist, an adoption specialist, and a foster care manager. Each team has a leader who reports to the foster care and adoption directors. The foster care, adoption, Bandele Project, and resource center directors report directly to the executive director.

Staff

The organization's staff consists of:

- 10 Resource Center staff
- 25 direct service providers
- 5 central administrative staff

All staff members are full-time employees with benefits. The direct service staff to client ratio is approximately one to 12. All therapists and managers must have master's degrees.

Features

Services to children and families are structured to provide the benefits of a multi-disciplinary approach. Each case is assigned to a team committed to a timely, effective, permanent outcome. The organization provides a continuum of direct services from foster care to post-adoptive services.

Treatment Foster Care:

This program provides services to special needs children who have been shuffled around in the system with no permanency plan. Children who have been in the system at least two years, and those who face the dissolution of their adoption receive highest priority. Foster care families are accepted without discrimination as to age, sex, race, marital status, handicap, religion, or economic status. The child's needs are considered strongly in placement decisions. A nine-week orientation is provided for all prospective parents. Placements are supervised by the agency. Spaulding provides ongoing support services such as home visits, phone contact, support groups, and training. Therapists and psychiatrists are available for children with mental health needs.

Adoption:

Again, adoptive families are accepted without discrimination and the child's needs are strongly considered. An intensive nine-week orientation is provided for prospective adoptive parents. The adoptive placements are supervised by the agency for up to a year. In 1992, Spaulding implemented the Bandele

Project to build community capacity to recruit, support, and advocate for permanent families for African American boys. Spaulding uses a collaborative model, working with churches and child welfare agencies, to encourage interested families to come forward and provide permanent homes in their communities for African American boys. Training and recruitment materials are provided.

Post-Adoption:
After the year of supervision has ended, post-adoptive services are offered to families who have a particularly difficult time adjusting. Spaulding provides individual, group, and family therapy; parent training; and adolescent peer group therapy.

Funding

The organization is supported through both private and public sources, and the total budget is $3.5 million. Revenues for 1995 were collected from:

- 37 percent public (through a purchase of service contract with the Michigan Family Independence Agency for foster care and adoption)
- 12 percent private
- 26 percent federal
- 12 percent major contracts
- 10.5 percent training
- 2 percent other

Outcomes/Evaluation

Overall, Spaulding served roughly 100 children and over 300 families in 1996. Spaulding places approximately 20 older children for adoption each year with a disruption rate of about 10 percent. An average of 60 children are in the treatment foster care program.

Replication

Spaulding is a national model for foster care and adoption agencies. Since 1995, Spaulding staff have trained over 50,000 individuals nationwide. According to Judy McKenzie, Spaulding's executive director, their success is a result of being known in the community as an agency that you can trust and work with.

Materials Available

The National Resource Center for Special Needs Adoption at Spaulding is designed to improve the effectiveness and quality of adoption and post-adoptive services for children with special needs nationwide. The Center serves as a resource for organizations and professionals through consultation, technical assistance, training, and a variety of written and videotaped materials.

Consultation and Technical Assistance:
These services, provided to individuals, states, organizations, and agencies, are focused on special needs adoption practice, programming, and policy. Resource Center staff attempt to link individuals and organizations with one another to share information and experiences.

Training:
Though Resource Center staff tailor training to specific requests, they have also developed a number of training curricula, such as:

- Special Needs Adoption Curriculum
- Post-Legal Adoption Services Curriculum
- Cultural Competence Curriculum
- Parent Orientation Curriculum

Publications, Videos, and Curricula:
Spaulding publishes *The Center Source*, containing information about publications, videos, and curricula that can be purchased through the Resource Center. *The Roundtable*, the Resource Center newsletter, highlights issues, programs, and policies in the field.

Observations

The continuum of direct service designed by Spaulding contributes to their success in serving special needs children. Because they are referred to Spaulding for treatment foster care, many children who may otherwise be

considered "unadoptable" eventually find permanent homes. Once referred to the treatment foster care program, staff work intensively on a permanent plan for every child. Another benefit of the Spaulding continuum is that a significant number of parents fostering children in the treatment foster care program eventually adopt those children.

Spaulding has placed a significant number of special needs children despite funding barriers. The state of Michigan reimburses adoption agencies at a flat rate based on the length of time children wait to be placed.

Spaulding – because they target the children who stay in care the longest – fails to benefit from this funding incentive. As a result, the organization must augment state reimbursements with private funding to serve this population.

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Teamwork for Children

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Annual Budget:
N/A

Structure:
Public-Private Partnership

Dates of Operation:
1991 – present

Overview:
Teamwork for Children employs mediation to allow birth parents and caseworkers to develop permanent plans for children and to arrange open adoption agreements with adoptive families.

Philosophy and Goals

The program is designed to give parents an opportunity to develop cooperative, permanent plans for their child's future. By encouraging both birth parents and adoptive families to participate in the permanency planning process, Teamwork for Children facilitates a positive transition for children, parents, and adoptive families. The mediation process allows birth parents to retain some form of contact even after they relinquish parental rights.

History and Origins

In 1990, the head of Oregon's adoption and permanency planning unit sought an alternative to the adversarial court system of terminating parent rights. This adversarial system was lengthy and expensive, and was damaging to children and their families. As an alternative, the Oregon child welfare department worked with Teamwork for Children staff to develop a proposal to the federal government for mediation services with birth parents, caseworkers, and prospective adoptive and foster parents.

The federal grant was awarded to the state in 1991 and continued for two and a half years. At that time, the state continued the program through independent mediations across Oregon. Teamwork for Children staff conducted mediations for the state throughout the two early phases. In 1994, in an effort to develop an effective, efficient system, the Oregon State Office of Services to Children and Families put out a request for proposal for mediation services, and the contract was awarded to Teamwork for Children.

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Participants

Teamwork for Children mediators work with parents of abused or neglected children and potential adoptive or foster families. The families are referred by caseworkers, attorneys, or the courts, and must be approved for the program by one of Oregon's permanency consultants.

The families eligible for mediation must meet all of the following criteria:

- ❒ The child is in foster care with a plan for termination of parental rights, and all efforts at reunification have been exhausted.
- ❒ The birth parent is willing to mediate.
- ❒ The state permanency consultant identifies the case as appropriate.
- ❒ The prospective adoptive family is willing to mediate.

In 1995, the children served were 65 percent Caucasian, 20 percent African American, 8.5 percent Latino, 6 percent Native American, and 1.5 percent Asian.

Community Involvement

In 1991, a steering committee of child welfare professionals and birth, foster, and adoptive parents worked to guide the development of the mediation program.

Cultural Competence

The diverse panel of mediators reflects the population of children and families served. The model is designed to match the needs of the families with the abilities of mediators, and this matching process considers race and ethnic background. All of the mediators have, however, worked cross-culturally and have completed 15 hours of cultural competency training.

Administration

The State Office of Services to Children and Families supervises Teamwork for Children. The program director of Teamwork for Children supervises and contracts with the panel of mediators.

Staff

Teamwork for Children is led by a program director and contracts with six mediators who work as needed. The mediators have at least two years of experience in child welfare and family welfare services, including direct contact with high-risk parents. Before coming to work with Teamwork for Children, mediators individually obtained nearly 130 hours of child welfare mediation, adoption exploration, cultural competency, and supervised family mediation training. Most of the mediators have advanced degrees.

Features

Birth parents are referred to mediation by caseworkers, supervisors, attorneys, or others involved in the child welfare system. If a permanency consultant agrees that this family will benefit from mediation, the family is referred to Teamwork for Children to begin the process.

The mediation involves two distinct phases. During the first phase, the mediator meets several times with the caseworker and the birth parent (or birth parents – in about one-third of the cases, both birth parents are involved). Using workbooks and exercises, the mediators take the birth parents through the process of identifying the child's needs and helping them make decisions in the best interests of the child. At the end of this phase, the parties agree on a permanent plan for the child. If the permanent plan is for the child to return home, this is the end of the mediation process.

If, as is usually the case, another permanent plan is agreed upon, the case moves into a second phase. This phase involves mediation with the birth parents and the new permanent family. First, the mediators meet with the new family to discuss the child's needs and goals. Next, the mediators bring together the new family with the birth parents and help them reach an agreement clarifying the role of birth parents and the level of contact they will have with the child. The agreement is carefully crafted to provide safeguards for both parties and to focus on the needs of the child.

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After the birth parent voluntarily relinquishes custody of the child, the parties hold a good-bye meeting. Teamwork for Children mediators make any necessary referrals to resources in the community for post-adoptive services, counseling, or other services.

Mediators spend roughly 25 to 30 hours on each case, over a period of months. The time from case opening to adoptive placement averages five months. At the time of placement, the agency responsible for the child supervises the adoption as they would in any other case.

Funding

Teamwork for Children's work was originally funded through the federal grant awarded in 1991. Through the end of the federal grant to the award of the state contract, Teamwork for Children was paid for individual mediation services by the Oregon Office of Services to Children and Families. Since 1994, the state has had an umbrella contract with Teamwork for Children to provide and supervise mediation services for the state.

Outcomes/Evaluation

Teamwork for Children has served approximately 300 families since 1991. Of these families, 87 percent have reached a written agreement at the end of phase one determining the child's permanent plan. In the remaining 13 percent of cases, some party has dropped out and the case has gone to the court system.

The overwhelming majority of the children whose parents participate in mediation are placed for adoption – typically with a family they had already been living with, either a kinship placement or a foster family. Roughly five percent of children return home with their birth parents; a few families choose guardianship or long-term foster care placements.

Over the five years of the project, roughly 98 percent of the children have remained in the home agreed upon in the mediation. In addition, Teamwork for Children has found that the compliance rate for contact with the birth families has been quite high. (Interestingly, the compliance rate has remained constant over the years, in spite of the recent passage of a law that now makes open adoption agreements legally binding in Oregon.)

Replication

The Teamwork for Children model is based on the family mediation model and the experience Dr. Etter gained developing open adoption agreements for private adoptions. Idaho and New York are currently implementing programs based on the model.

Dr. Etter has conducted workshops nationwide to train individuals and organizations interested in replicating the program and is available to do additional training. Those interested in replication may be able to fund Dr. Etter's training through the National Resource Center for Permanency Planning.

Materials Available

The workbooks used in the mediation with birth parents are available from Teamwork for Children and the Child Welfare League of America (CWLA). In addition, Dr. Etter has written a practice manual for child welfare professionals exploring mediation with their clients. For more information, contact Teamwork for Children or CWLA, 440 First Street, NW, Washington, DC 20001; 800.407.6273.

Observations

It is important for anyone replicating this model to consider the care required to craft the open adoption agreements. These agreements are crucial to the long-term relationship between the birth and adoptive families and must be carefully designed to protect the rights and values of all parties.

Tressler Lutheran Services
Adoption Program

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Annual Budget:
$400,000

Structure:
Nonprofit

Dates of Operation:
1970 – present

Overview:
Tressler Lutheran Services' adoption program serves special needs children across the country and abroad.

Philosophy and Goals

The mission of Tressler Lutheran Services' adoption program is to place waiting children. The adoption program operates under the following philosophies:

- ❒ Potential adoptive families must be self-determining; they make the primary decisions about their interests, strengths, and limitations.
- ❒ Waiting children must be visible. Tressler staff use adoption exchange books and share specific information on waiting children with others.
- ❒ Potential adoptive parents are best served by the group adoptive study process, which effectively evaluates the capacities and qualities of potential adoptive parents as it provides them with additional parenting skills.
- ❒ Experienced adoptive parents are vital resources in the preparation of potential adoptive parents and in supporting new adoptive parents after placement.
- ❒ The agency's responsibility extends far beyond finalization.
- ❒ The adoption process must be educational rather than investigative. It must focus on strengths rather than limitations and must be inclusive rather than exclusive.

History and Origins

Tressler's adoption program began at the end of the Civil War as an institution caring for soldiers' orphans. In 1964, the orphanage closed as society moved toward caring for children in families rather than institutions.

Money earned by the sale of the old orphanage was placed in an endowment designated for the children's services program at Tressler, which originally focused on placing

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healthy white babies for adoption. In 1972, this program was dismantled and Tressler staff began to seek parents for special needs children.

Participants

Tressler staff seek adoptive homes for special needs children from the U.S. and abroad. Special needs children are older; have mental, physical, or emotional difficulties; or are part of a sibling group. The majority of the children placed by Tressler are 8- to 12-year-old Caucasian children waiting in foster care.

Of the 62 children placed by Tressler in 1996, 39 were Caucasian, 16 were African American, and seven were Asian. Fifty-one of the children were from the U.S. and 11 were from other countries. Thirty-three children were male and 29 female, and 26 were part of a sibling group.

Twenty of the children were two or younger, 16 were between three and five, 13 were six to nine, seven were 10 to 12, and six were older than 12.

These demographics are fairly typical of Tressler over the years.

Community Involvement

Tressler's adoption program is served by a parent advisory council of families who have adopted through Tressler. These parents meet quarterly, give input, and help with special projects. The program also sponsors a number of parent support groups and encourages all adoptive parents to join support groups in their area.

The adoption program is part of the Statewide Adoption Network (SWAN) in Pennsylvania, through which county and private agencies cooperate in the placement of Pennsylvania children. In addition, Tressler has close, but informal, relationships with social workers and public agencies from across the country who work with the special needs children in foster care.

The agency also has informal referral networks established with many international adoption agencies and local family therapists.

Cultural Competence

Over the years, Tressler's policy on transracial adoption has changed with the prevailing social view. During the 1970s and early 1980s the agency made many transracial placements, but after 1985 they placed children of color only in same-race homes. Beginning in 1994, Tressler began again to place children in transracial homes. Families who are adopting transracially receive extra training with adult African American adoptees.

Staff receive no formal cultural competency training.

Administration

The director of adoption services oversees the program at all four service sites (in Maryland, Pennsylvania, and Delaware). The director reports to a regional vice president, who reports to the senior vice president of programs, who reports to the president of Tressler Lutheran Services. Tressler is overseen by a board of directors.

All adoption staff report to the director of adoption services. Staff communicate through mail, fax, phone, e-mail, and monthly staff meetings at the central office.

In addition, Tressler has a formal relationship with a number of international adoption agencies – Holt International, Children's Home Society of Minnesota, AIAA, and Maine Adoption Placement Services – where Tressler helps to find families for the harder-to-place international children.

Staff

The staff consists of:

- 1 full-time director of adoption services (master's degree in social work required)
- 6 full-time and 1 part-time adoption caseworkers (bachelor's degree required)
- 1 full-time and 4 part-time clerical staff (high school diploma required)

All staff receive a standard benefits package.

Features

Potential adoptive families go through the following steps at Tressler Lutheran Services:

- ❒ The family participates in a 10-session group preparation course.
- ❒ The family looks at exchange listings to identify the child or children they are interested in adopting.
- ❒ A Tressler staff person contacts the agency responsible for the identified child.
- ❒ This process continues until the family and the child achieve a mutually successful match. At that point, Tressler negotiates for the family, arranging for visitation, subsidy, placement, supervision, finalization, and post-finalization services.

The 10-session group preparation work is the core of Tressler's philosophy. Eight to 10 couples or individuals meet to support each other and to learn about special needs adoption. Before and after each session, parents look over exchange listings to find a child or sibling group they would like to adopt. Tressler staff strongly believe that this ability to select the child is important to a successful adoption.

In the introductory preparation session, parents are advised of the process and what is expected of them. Sessions two and three consist of panel presentations called "parenting the child who is a challenge." Current adoptive parents discuss everything from school problems to sexual abuse and from sibling conflicts to name changing. After these sessions, roughly six percent of the potential parents decide not to pursue adoption.

The final seven sessions help clarify values – what the individuals value and want to emphasize in their families; what they are like and why; and how they can help the adopted child achieve the fullest possible potential. In addition, the discussions cover the need for support from others, the realities of adoptive placement, and parenting techniques for special needs children.

Applicants also do a great deal of work on their home study – preparing autobiographies, having a home visit, completing health forms, and more. The home study is their study, written in large part by the applicants, presenting themselves to the agency that has custody of the child they want to adopt.

Although Tressler's primary mission is to serve adoptive parents and waiting children, it does occasionally serve birth parents. A few times each year, birth parents contact Tressler to give a child up for adoption. If the child has special needs, Tressler staff will take on the case. Otherwise, they will refer the parents to another adoption agency.

Funding

Approximately half of the adoption program budget is provided by Tressler through contributions from Lutheran synods and from the endowment created by the sale of the orphanage in the early 1960s. The other half is from adoption services fees paid by applicant families and from purchase of service fees paid by the adopted child's state.

Tressler also receives donations and volunteer time, such as adoptive parents who serve on advisory committees and others who help with larger mailings.

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Outcomes/Evaluation

Since 1972, Tressler Lutheran Services has placed more than 2,400 children, at a rate of 40 to 50 per year. Six to seven percent of these adoptions have disrupted, and when they have, Tressler staff have tried to place those children in new homes.

Tressler staff maintain contact with adoptive families and report a high level of satisfaction from these families. The agency also sends out an evaluation to the family after each stage in the adoption process, but it has never collectively tabulated the results of these surveys.

In 1994, Tressler staff calculated that the cost of placing a child with an adoptive family was about $6,000 (which includes expenses, training, post-adoption support, etc.). Of this, the adoptive family pays about $1,425 and purchase of service agreements pay $4,000. The other costs are covered by Tressler.

Replication

Aspects of Tressler's adoption services – including the focus on group preparation of parents – have been replicated successfully throughout the special needs adoption community. Tressler's past and current director of adoption services have developed a curriculum based on its adoption program, and they are available to train agencies in this model.

Materials Available

The Tressler curriculum and training from Tressler staff are available to interested agencies.

Observations

Tressler staff stress that agencies have great success focusing exclusively on special needs adoption. The agency has never had to recruit potential families – the families have come to Tressler seeking children.

An agency that wishes to specialize in special needs adoption will face a number of challenges. First and foremost, it must have the assistance of public agencies who are willing to negotiate purchase of service agreements for the placement of waiting children. This is absolutely necessary to keep the fees affordable for adoptive families.

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United Methodist Family Services
My Sister's Children

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Jane Wimmer, Program Director

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Phone/Fax:
757.490.9791 / 757.490.0159

Annual Budget:
$200,000

Structure:
Nonprofit

Dates of Operation:
October 1994 – March 1997

Overview:
My Sister's Children is a comprehensive, family-centered system of permanency planning services developed to find new families for children who will lose their parents to AIDS.

Philosophy and Goals

My Sister's Children is designed to:

- ❒ Provide permanent placements at or before their parents' death for children losing their parents to AIDS.
- ❒ Increase permanency planning information and counseling for parents infected with HIV/AIDS who need assistance in planning for their children's placement after their own death.
- ❒ Establish access to benefits needed to support the adoptions and guardianship placements of children affected by AIDS such as adoption assistance and Medicaid.
- ❒ Establish a system of Virginia laws that meet the needs for guardianship and adoption expressed by parents with HIV/AIDS.
- ❒ Provide mental health services including individual and family counseling, bereavement counseling, videotaped legacies, and family mediation to birth parents, children, and adoptive parents as needed.
- ❒ Improve services to HIV- and AIDS-affected families and children across the state and the nation.
- ❒ Improve the quality of life for the families and children served.

History and Origins

United Methodist Family Services – a licensed child placing agency – created My Sister's Children in response to a plea for assistance from the Children's AIDS Network Designed for Interfaith Involvement (CANDII), a pediatric AIDS service organization. CANDII staff

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were seeking an adoptive family for five children, one of whom was dying of AIDS and one of whom was HIV positive. Although the area of Virginia served by CANDII had the highest incidence of HIV/AIDS in the state, there were no programs that addressed the long-term needs of children who would be orphaned by AIDS.

As a result of this request for help, United Methodist Family Services and CANDII decided to collaborate to produce a wide-ranging spectrum of services to AIDS-affected families and children. Over a period of several months, staff designed the program based on input from CANDII about client needs, the success of services provided in other states, and research indicating what parents would find most helpful in providing stability for their children, as well as input from public and private agencies, the Virginia Department of Social Services, and area AIDS service organizations.

With the program design in place, United Methodist Family Services was able to obtain an Adoption Opportunities grant from the U.S. Department of Health and Human Services to begin My Sister's Children in October 1994.

Participants

My Sister's Children is designed to serve parents affected by AIDS, their children, and caregivers. Participants are referred to My Sister's Children by local community service or AIDS organizations or by the Virginia Department of Social Services.

The adult program participants have the following characteristics:

- 90 percent are female
- 50 percent are African American, while 40 percent are Caucasian, and 10 percent are Latino, American Indian, or other

Community Involvement

Throughout the development of My Sister's Children, staff worked closely with CANDII, local AIDS organizations, and state and local public welfare agencies to address the controversial issues of homosexual adoption, AIDS confidentiality issues, and open adoption. First, United Methodist Family Services board and staff met to discuss the program goals and methods. Next, they invited comments from local and state departments of social services and a coalition of public and private adoption agencies (ADOPT). Finally, they created a planning committee of the above participants, along with AIDS service providers.

Cultural Competence

My Sister's Children staff reflect the population of children served and attend ongoing cultural competency training. Whenever possible, they take advantage of national and local conferences dealing with issues of race, culture, and permanency planning.

Administration

My Sister's Children is a collaborative effort of United Methodist Family Services and CANDII. CANDII provides case management, counseling, and support groups, and assistance with housing, nutrition, and health care. United Methodist Family Services, as a licensed child placing agency, provides permanency planning and special needs adoption services. Staff from My Sister's Children and CANDII meet monthly to discuss their shared cases and attend quarterly program evaluation meetings.

Staff

The staff consists of:

- 1 program director/supervisor (part-time in program)
- 2 full-time social workers (one with a master's degree in social work; one with a bachelor's degree in social work)
- 1 secretary (part-time in program)

The staff reflects the racial diversity of program participants. All staff are salaried and receive benefits.

Features

Focusing on family-centered services, My Sister's Children includes the following features:

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Permanency Planning:
Staff help parents who are dying of AIDS to design a plan for their child's future. They help them explore options, while providing them with resources that help them face their own death. Staff members discuss with parents issues such as respite care, adoption, guardianship, and wills. Through this work, the parent is encouraged to locate a family who will provide the child with love and security.

Adoption and Guardianship:
The birth parent and program staff work together to recruit permanent families for the children. In addition, My Sister's Children staff conduct home studies for adoption and guardianship as needed, and provide support services to the birth families and the new families throughout the transition. The staff will also help families handle legal issues related to the adoption or guardianship and will provide post-placement services as needed.

Counseling and Family Support Services:
A licensed clinical social worker – with specialized training in AIDS and bereavement issues – provides counseling to parents and children. Program staff provide support to the families as the transition is made into the guardianship or adoptive home. They also offer ongoing adoptive family preservation services and make referrals for legal, financial, and other necessary services. In cases of medical or psychological emergencies, My Sister's Children staff arrange for emergency voluntary foster care for periods up to 30 days.

In addition, My Sister's Children provides parents dying of AIDS the opportunity to create videotapes for their children, sharing their thoughts, values, and family history.

Outreach:
My Sister's Children staff work to expand the services and resources available to families affected by AIDS. By sharing their knowledge of families' needs and successful ways of meeting those needs, program staff seek to improve services in the community, the state and the nation.

Advocacy:
Program staff provide advocacy for clients on an individual basis, as well as for systems reform and policy development. They work to meet the needs of current clients and to improve the system's ability to serve families coping with AIDS and other terminal illnesses.

Funding

My Sister's Children received a two-year $300,000 grant from the Department of Health and Human Services' Adoption Opportunities Program, which will end March 31, 1997. United Methodist Family Services, CANDII, and Tammy Dean Public Relations combined to provide a 25 percent financial match of the federal funding.

In preparation for the end of the grant, United Methodist Family Services staff will train CANDII workers about the permanency planning process. When the grant ends, United Methodist staff will still conduct home studies if necessary and will serve as permanency planning consultants to CANDII. In addition, the staff may do a little family specific recruitment as needed.

Outcomes/Evaluation

As of March 1, 1996, My Sister's Children had achieved the following results:

- Thirty-four children had received permanent plans for their future care. Two birth parents passed away and in both cases, with the help of My Sister's Children staff, the children made a successful transition into a home chosen by the birth parents.
- Sixty-six future custodial families received services, including eight families who were willing to take custody of twenty-one children in need.

The results of an 18-month assessment indicated that 90 percent of the families served by My Sister's Children said they would recommend the program to a friend.

My Sister's Children staff have also educated a number of individuals and agencies on the importance of establishing guardianship for children of AIDS-affected families. Professionals from local AIDS services organizations, pediatric AIDS organizations,

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and social service workers agree that the program has increased community awareness about the need for parents to make permanent plans for their children's future.

Replication

My Sister's Children can be replicated or adapted by other licensed child placing agencies or public social services departments. Program staff recommend that anyone planning to replicate the program read *Children Who Lose Their Parents to HIV/AIDS – Agency Guidelines for Adoptive and Kinship Placement* by Lisa Merkel-Holguin. Those interested in replicating the program will be able to obtain information from Jane Wimmer even after the grant period ends in March 1997.

Materials Available

The following materials are available from United Methodist Family Services:

- ❒ *Leaving Love Behind*, a professional videotape produced by Short Stories
- ❒ *Looking Ahead, A Handbook for Service Providers Working with Parents with HIV* by Sandra L. Karlson, Judith A. Cash, and Jane Wimmer
- ❒ *Because You Love Your Children* (brochure)
- ❒ *We're Finding Adoptive Families for Children Who Lose Their Parents to AIDS* (brochure)
- ❒ Program training information

These additional materials are available through the Child Welfare League of America (CWLA):

- ❒ *Children Who Lose Their Parents to HIV/AIDS – Agency Guidelines for Adoptive and Kinship Placement* by Lisa Merkel-Holguin
- ❒ *Because You Love Them – A Parent's Planning Guide* by Lisa Merkel-Holguin
- ❒ *Because Somebody Loves Me* by Dottie Ward Wimmer

For more information, contact CWLA, 440 First Street, NW, Washington, DC 20001; 800.407.6273.

Observations

The end of the federal grant will force United Methodist Family Services to reduce services to a part-time basis. An experienced staff person will continue to provide services to AIDS-affected families, but her part-time status will preclude work on more intense cases.

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You Gotta Believe!
The Older Child Adoption and Permanency Movement

Contact:
Pat O'Brien, Executive Director

Address:
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Coney Island, NY 11224

Phone/Fax:
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Annual Budget:
$10,000

Structure:
Nonprofit

Dates of Operation:
July 1995 – present

Overview:
You Gotta Believe (YGB) uses innovative techniques to recruit adoptive parents for older – preteen and teenage – children.

Philosophy and Goals

The mission of YGB is to find permanent homes for older foster children, particularly teens and preteens. The program is based on the belief that the individual recruiter's attitude is the only thing that matters. If a worker believes that a family can be found for a child, a family will be found.

History and Origins

YGB's executive director, Pat O'Brien, spent several years working in an adoption agency but felt that scores of older children were not being served by traditional recruitment techniques. In 1995, he and several adoptive parents of older children discovered that they shared a vision of a community-based agency that creatively finds permanent families for older children. This group met in a church in Coney Island and decided to forge ahead to make their vision a reality.

Built primarily with donations and volunteer support, YGB has since been incorporated and licensed as a child placing agency in New York State.

Participants

YGB recruiters target teens and preteens who are in need of homes. Most participants are children of color. The agency also serves the adoptive parents of older children, hosting ongoing support groups for these families.

Community Involvement

Members of the YGB board represent all aspects of the adoption community – parents, professionals, adult adoptees, and adults who experienced foster care.

YGB recruits primarily in communities where people have an ethnic, racial, religious, and cultural background similar to the children who need homes. Therefore, most of the

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community outreach is in the African American and Latino communities of Brooklyn, Queens, and Staten Island. Within these communities, YGB staff work with various community organizations – from grocery stores to foster and adoptive parent support groups – to reach potential adoptive families.

Cultural Competence

YGB's board and staff are racially diverse. The board is approximately 60 percent African American and Latino and 40 percent Caucasian. The staff includes two African Americans and three Caucasians. As the program expands in the future, YGB will seek to hire additional staff from the communities it serves.

YGB staff do not encourage or prevent the cross-cultural or cross-racial placement of teens or preteens. They do, however, conduct their outreach and recruitment efforts in communities where many families are of the same racial or ethnic background as the children. YGB staff believe that the family most likely to adopt a teen is a family of the same ethnic background, and that same-race adoptions are less likely to disrupt.

Staff provide services and training that are targeted to the community in which the adoptive families and waiting children reside. In addition, prospective adoptive families participate in cultural competency training as part of their adoption preparation work.

Administration

YGB's 20-member board of directors makes policy decisions for the organization, while the executive director is responsible for implementing those decisions in daily practice.

Staff

The staff consists of one part-time employee – the executive director (who holds a master's degree in clinical social work) – and four part-time volunteers. All staff members have experience with the community and with adoption issues.

YGB will create more paid staff positions as the program grows and obtains additional funding.

Features

YGB employs two primary strategies for informing the public about older children in need of homes:

- Staff discuss with community members, agency workers, and others the importance of permanent family relationships for older foster children. They emphasize that teens and preteens are at high risk of becoming homeless if they have no intimate personal relationships when they leave foster care.
- YGB staff also offer an eight-week education course (called Adopting Older Kids or A-OK) to anyone who wants to learn more about helping teens and preteens in foster care. Participants are asked to learn about these older children but are never pressured to adopt.

In addition to traditional strategies (media campaigns, advertising, etc.), YGB recruiters use a number of targeted approaches to find families for teens and preteens:

The Field of Dreams/One-to-One Approach: YGB staff meet prospective adoptive parents, agency workers, and community members face to face and let them know about waiting teens and preteens. Three strategies have worked particularly well:

- The Supermarket Grassroots Approach – Staff bag groceries at a local supermarket a few weeks before an A-OK course is offered in a neighborhood. They take the opportunity to explain the program to the store's customers and invite them to the upcoming A-OK session.
- The Parking Angel Outreach Approach – YGB staff and volunteers put quarters in expired meters in a targeted community. They leave a flyer that explains what they have done, describes YGB and the A-OK course, and asks for a donation. While the parking angels patrol, they explain YGB to anyone who will listen.
- The Doorknob Campaign – Staff put flyers on doorknobs in a community, explaining that they are recruiting adoptive homes

for older children. Again, the staff take the opportunity to talk with everyone they encounter.

A Family is NOWHERE Approach:
Because of their belief that every child can find a permanent family, YGB recruiters read the above line as "a family is *now here*" rather than "a family is *no where*." They translate this belief into a commitment to finding families within the child's life cycle.

YGB staff will approach anyone who serves as a resource in the child's life – teachers, relatives, neighbors, court-appointed advocates, and others – to see if they might be a potential family for the child. They start by asking if the person knows the child needs a home and if they would be willing to come to the A-OK program. They explain adoption subsidy and post-placement support programs. If YGB staff are not able to identify potential adoptive families from the child's life cycle, they will create that potential – asking someone who has taken the A-OK course to become a mentor, with the hope that he or she may eventually adopt the child.

Let the Spirit Move 'Em Approach:
YGB staff set up many opportunities where waiting children can meet waiting families. They believe that the spirit of human beings sharing the same time and space can lead to magical events – such as children and families finding each other or potential families learning more about the movement. To bring families and children together and to spread their message, YGB staff host events, parties, and adoption fairs; make presentations at local, state, and national conferences; and meet with foster and adoptive parent support groups.

Funding
At this time, all funds are donated by individuals and most staff time is voluntary. As children are placed in adoptive homes, county placement fees will be paid to YGB, but this is only now starting to happen.

Staff have begun to apply for federal and state grants, and are hopeful that they will receive funding from New York City or the Adoption Opportunities program of the U.S. Department of Health and Human Services.

Outcomes/Evaluation
Due to limited funding and staff time, YGB efforts have taken off slowly. As of February 1997, however, the program had achieved the following outcomes:

- ❒ Twenty families had completed four A-OK sessions.
- ❒ Ten families had been certified as prospective adoptive families and are in the process of identifying children.
- ❒ Four children are about to be placed in permanent homes.

Replication
The ideas developed by YGB staff could easily be implemented by other recruitment programs.

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Materials Available

The following materials are available from YGB:

- *YOU GOTTA BELIEVE! Non-Traditional Recruitment for Teens and Preteens* by Pat O'Brien
- *Youth Homelessness and the Lack of Adoption Planning for Older Foster Children: Preventing Homelessness Through Relationships*

These materials about YGB are available from other sources:

- "Non-Traditional Recruitment for Teens and Preteens," *Adoptalk*. Fall 1996 – NACAC, 970 Raymond, Suite 106, St. Paul, MN 55114-1149
- "What's Love Got to Do With It" and "Love's Got Everything to Do With It," *Voices From the Heart*, November 1995 – NACAC
- *Laughter Attachment: Adopting Older Kids* – Pact Press, 3450 Sacramento Street, Suite 239, San Francisco, CA 94118

Observations

Limited funding – and the resulting lack of staff time – have prevented YGB from reaching as many prospective adoptive families and achieving as many placements as might otherwise have been possible.

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